



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375
publichealth.lacounty.gov/vet



Avian Psittacosis Reporting Form

Date form completed _____

1. Bird. Name _____ Species _____ Sex(if known) _____ Age _____

2. Bird Owner
Name(s)
Address
City, ZIP
Telephone:
Los Angeles County Public Health will contact the owner about the standard 45-day quarantine period.

3. Reporting Veterinarian
Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone _____ Fax _____ E-mail: _____

4. History
a. How long has this person owned this bird? _____ Date bird obtained (if known) _____
c. Store/Individual selling bird to owner (if within last 60 days) _____
d. Are there other birds on owner's property? No Yes
If yes, how many? _____
Is there any known illness in these other birds? No Yes
e. Were any new birds brought onto property recently? No Yes
If yes, explain _____
f. Type of housing of infected bird: Indoor Outdoor
g. Is there any known human respiratory illness in people that handle the infected bird? No Yes
If Yes, please explain _____

5. Clinical Findings
a. Date of onset of first symptoms _____
b. Date of presentation _____
c. Date of death (if applicable) _____
d. Check all that apply
 No clinical signs Lethargy Anorexia Diarrhea Respiratory signs
 Sudden death Other _____
 Other (explain): _____

6. Diagnostics/Laboratory results. Please fax all laboratory results to us along with this form.