



## Leptospirosis Reporting Form

Date form completed \_\_\_\_\_

**1. Dog** Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex/Neut \_\_\_\_\_ Age \_\_\_\_\_

### 2. Dog Owner

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_

Is it okay for Public Health to call the owner(s) to ask more about the history?  YES  NO

### 3. Reporting Veterinarian

Name of veterinarian or technician: \_\_\_\_\_

Vet Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ZIP: \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

### 4. History

#### Vaccination

Date of last leptospirosis vaccine (if known): \_\_\_\_\_

Vaccine type (ex. DHLPP or 4-way Lepto vaccine): \_\_\_\_\_

#### Potential exposure history

Exposure/travel outside of Los Angeles County?  Yes  No

If yes, please note location and date: \_\_\_\_\_

Dog has/had local exposure to (check all that apply):

- Skunks  Opossums  Raccoons  Deer  Rats  
 Mice  Pigs  Cattle  Horses

Other potential exposure: \_\_\_\_\_

### 5. Clinical Findings

Date of onset of first symptoms \_\_\_\_\_ Date of presentation \_\_\_\_\_

Date of death (if applicable) \_\_\_\_\_

Highest body temperature measured \_\_\_\_\_

#### Check all that apply:

- Anorexia  Lethargy  Vomiting  Diarrhea  
 Visible jaundice/icterus  Polyuria  Polydipsia  
 Other (describe): \_\_\_\_\_

Were intravenous fluids given?  Yes  No

### 6. Laboratory results

Please fax all laboratory results to us along with this form.