



Date: / /	Veterinarian:	Phone: () -			
Disease (check as many as apply):	Onset of illness: / /	In-house testing (check one):			
Anthrax Bartonella <i>Baylisascaris</i> Campylobacteriosis Cryptococcus Cryptosporidiosis <i>E. coli</i> : 0157:H7 Giardiasis H1N1/Canine Flu Leptospirosis Lymphocytic choriomeningitis Lyme disease	MRSA Plague Psittacosis Q fever Rabies Ringworm Rocky Mountain spotted fever Salmonellosis Toxoplasmosis Tularemia West Nile virus Plague	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> </table>	Yes	No	
		Yes	No		
<i>If the test was confirmed by a private veterinary laboratory- there is no need to report!</i>					
		<i>Was it confirmed at a lab?</i> Yes No			
		IDEXX ANTECH OSU, VDL Other			
		_____ (Name)			
		_____ Type of test (describe)			
Other disease of public health importance: (such as MRSA)					
Species (circle one):		Other			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>					Age:
					
		_____ Weeks Months Years	Sex		
			Female Male		
City:		County:	Zip:		
Comments:					