



Date:		Veterinarian:		Phone:	
Disease (check as many as apply):		Onset of illness:		Status (check one):	
Animal Flu Coccidiosis Distemper FELV		FIP FIV Fungal diseases (systemic) Heartworm		Clinical <input type="checkbox"/> Confirmed <input type="checkbox"/>	
				<i>If Confirmed:</i>	
Other disease of public health importance:				Lab Name:	
				Type of Test:	
Species (circle one):		Breed:	Age:		Sex (circle one):
			_____ Weeks Months Years		Male <input type="checkbox"/> / <input type="checkbox"/> Female <input type="checkbox"/> / <input type="checkbox"/>
City:			County:	Zip:	
Comments:					

Please fax completed information to 971-673-1100, Attn: Emilio DeBess, DVM in Collaboration with OVMA and PVMA



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