



**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
 VETERINARY PUBLIC HEALTH AND RABIES CONTROL PROGRAM
 (323) 730-3723 - Fax: (323) 735-2085**

ANIMAL DISEASE/DEATH REPORTING FORM

SUSPECTED DISEASE/CONDITION BEING REPORTED: _____

ANIMAL INFORMATION

Type of Animal Involved: Domestic pet _____ Livestock _____ Wild animal _____
 Exotic _____ Zoo animal _____

Number of Animals: One _____ Multiple (give number) _____

Species of Animal: _____

Other Identifying Information:

Breed	_____	Color	_____
Sex	_____	other	_____
Age	_____	Name	_____

Date of onset of Condition: _____

Date of Death(s), if applicable: _____

REPORTING PERSON/VETERINARIAN INFORMATION:

Name: _____
 Clinic/Location Name: _____
 Address: _____
 City, Zip: _____
 Phone number: _____
 Fax number: _____

ANIMAL OWNER (if owned) INFORMATION:

Name: _____
 Address: _____
 City, Zip: _____
 Phone number: _____

ANIMAL LOCATION (if different from owner's residence):

Premise owner: _____
 Address: _____
 or location description: _____
 City, Zip: _____
 Phone number: _____

HISTORY AND EXAMINATION RESULTS:

History:

Physical Examination:

	Normal		Comments:
	Yes	No	
General:	___	___	_____
Skin:	___	___	_____
Head Area:	___	___	_____
Respiratory:	___	___	_____
Cardio-vascular:	___	___	_____
Abdomen-digestive:	___	___	_____
Urogenital:	___	___	_____
Musculoskeletal:	___	___	_____
Nervous:	___	___	_____
Lymph nodes:	___	___	_____
Other:	___	___	_____

Laboratory Information:

(include tests taken, date of tests, and result summary)