

REPORTABLE ANIMAL DISEASE FORM

Return to: Illinois Department of Agriculture
Bureau of Animal Health & Welfare
State Fairgrounds, P.O. Box 19281
Springfield, IL 62794-9281

Email to: AGR.BAHW@Illinois.gov

Submit completed form and test results to AGR.BAHW@Illinois.gov

Please note this is not for reports of foreign animal disease or vesicles. Report these to 217-782-4944 immediately.

Date:		Disease/Condition Reported or Suspected:	
Name of Person Reporting:		Veterinarian Name: (IF DIFFERENT)	
Clinic Name:		Clinic Address:	
Clinic Phone:		Clinic Email:	
Owner Name:		Owner Address:	
Animal location (IF DIFFERENT THAN OWNER):		County where animal resides:	
LAB INFORMATION			
Are there lab results: Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>			
Lab Name:		Lab Address:	
Lab Phone:		Lab Email:	
ANIMAL & CASE HISTORY			
Species:	Animal ID:	Breed:	Sex: Age:
If Group. # in group:		# in group sick:	# in group dead:
Date sample collected:		Sample Type:	
Current status of animal: alive ,euthanized, died of disease, died (OTHER REASON):			Date of Death:
Date of Clinical Signs Onset:		Date Examined by veterinarian:	
Primary Clinical Signs:			
Animal Vaccinated against suspected/confirmed/disease:			Date if yes:
Zoonotic disease: yes <input type="checkbox"/> no <input type="checkbox"/>		Owner educated on risk if yes:	
Additional Information			