

REPORTABLE ANIMAL DISEASE FORM

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

Date:	Disease/Condition Reported or Suspected:
Name of Person Reporting:	Veterinarian Name: <i>(IF DIFFERENT)</i>
Clinic Name:	Clinic Address:
Clinic Phone:	Clinic Email:
Owner Name:	Owner Address:
Animal location <i>(IF DIFFERENT THAN OWNER)</i> :	County where animal resides:

LAB INFORMATION

Are there lab results: Yes No Pending

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 <i>(OTHER REASON)</i> :			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
