

JOHNE'S REPORT FORM

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

Date Reporting _____ Name of Person Reporting _____

Veterinarian Name (if different) _____

Clinic Name _____

Clinic Address _____

Clinic Phone _____ Clinic Email _____

Owner Name _____

Owner Address _____

Owner Phone _____ Owner Email _____

Animal location (if different than owner) _____

County where animal resides _____

Lab information

Please note that a fecal culture or PCR Positive are considered positive. Attach results to email.

Type of Test _____

Lab Name _____

Lab Phone _____ Lab Email _____

Sample Type _____

Date Sample Drawn/Collected _____

Date Submitted (if different) _____

Animal and Case History

Species _____ Sex _____ Age _____

Animal ID _____ Breed _____

If Group, # in group _____ # in group Sick _____ # in group dead _____

Animals that are determined to be positive must be J-punched and can only be sold for slaughter

Current status of animal: alive, euthanized, died of disease, died (other reason) _____

Date Euthanized or Died if applicable _____

Date J-Punched if applicable _____

Additional Information

Please submit the completed form and lab results to AGR.BAHW@Illinois.gov. If additional information is necessary staff will reach out at the number or email provided. If you do not have a J-punch, please request that in the submitted email.