



Canine Influenza Reporting Form

Date form completed _____

1. Dog Name _____ Breed _____ Sex/Neut _____ Age _____

2. Dog Owner

Name(s) :

Street :

City, ZIP

Telephone:

Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician:

Vet Clinic Name:

Address:

City, ZIP:

Telephone

Fax

E-mail:

4. History

DHLPP. Date of last 2 – 3 DHPP or DHLPP vaccines if known _____

Bordetella. Date of last 2 Bordetella vaccines. _____ Intranasal Injectable

_____ Intranasal Injectable

Potential exposure history

Another sick dog in home

Dog show

Kennel visit

Exposure to stray

Pet store

Shelter visit

Dog park

Other _____

5. Clinical Findings

Date of onset of first symptoms _____ Date of presentation _____

Date of death (if applicable) _____

Highest body temperature measured: _____

Check all that apply:

Cough

Nasal discharge

Sneezing

Fever

Chest X-rays taken

Patient hospitalized

IV fluids given

Supplemental oxygen given

If nasal discharge present, please note: color, consistency, uni- or bilateral: _____

If chest radiographs were taken, please describe what was seen: _____

Name of medications used in treatment: _____

Amount of time it took dog to recover: _____

Date(s) serum drawn _____

Other comments _____

6. Laboratory results - Please fax all laboratory results to us along with this form.