



# VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375

publichealth.lacounty.gov/vet



## Heartworm Reporting Form

Date form completed \_\_\_\_\_

### 1. Pet Dog Cat

Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex/Neut \_\_\_\_\_ Age \_\_\_\_\_

### 2. Pet 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. Exposure History

Exposure/travel outside of LA County  Yes  No

If yes, please note location and date: \_\_\_\_\_

Other exposure \_\_\_\_\_

### 5. Clinical Findings

Date of onset of first symptoms \_\_\_\_\_ Date of presentation \_\_\_\_\_

Date of death (if applicable) \_\_\_\_\_

Clinical Signs (check all that apply)

None  Cough  Fatigue  Heart failure

Other \_\_\_\_\_

Thoracic radiographs taken?  Yes  No

If yes, please note date and comment on findings \_\_\_\_\_

### 6. Heartworm Tests and Treatment

Heartworm blood test date	Test type (Ag, Ab, microfilaria)	Test Result
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Treatment Date	Describe Treatment
1. _____	_____
2. _____	_____
3. _____	_____

Fax to: (213) 481-2375

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