



VETERINARY PUBLIC HEALTH PROGRAM Parvovirus - Reporting Form



General Instructions:

This form may be used to report suspected cases and confirmed cases of parvovirus. The entire form must be completed. For a list of reportable animal diseases, conditions, and reporting forms, please visit our website: <http://publichealth.lacounty.gov/vet/>

Please email completed form and LAB results to: vet@ph.lacounty.gov or fax to (213) 481-2375

Date form completed: _____

1. Animal	
Name: _____ Species: _____ Breed: _____ Sex/Neut: _____ Age: _____	
2. Dog Owner	
Name(s): _____	
Street: _____	
City, ZIP: _____	
Telephone: _____ Email: _____	
3. Reporting Veterinarian	
Name of veterinarian or technician: _____	
Vet Clinic Name: _____	
Address: _____	
City, ZIP: _____	
Telephone: _____ Fax: _____ Email: _____	
4. History	
Primary parvovirus vaccine series completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Parvovirus vaccine currently up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Dates of last 2 DA2PP/DHLPP vaccinations _____	
Travel outside of Los Angeles County in the month before becoming ill:: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Travel locations, approximate dates: _____	
Potential exposure history:	
<input type="checkbox"/> Dog park visit	<input type="checkbox"/> Another sick animal at home
<input type="checkbox"/> Kennel or daycare visit	<input type="checkbox"/> Shelter visit
<input type="checkbox"/> Other exposure: _____	
Facility/location names: _____	
Date(s) last visited: _____	
5. Clinical Findings	
Date of onset of first symptoms: _____	Date of death (if applicable): _____
Date of presentation: _____	
Check all that apply:	
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Lethargy
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Moribund	<input type="checkbox"/> Asymptomatic
<input type="checkbox"/> Fever - highest body temperature measured: _____	
<input type="checkbox"/> Other: _____	
6. Diagnostics and Treatment	
<input type="checkbox"/> Positive in-house parvo SNAP/ELISA	<input type="checkbox"/> Positive parvo PCR
Other tests: _____	
7. Client Education	
Owner was directed to keep the sick pet at home under isolation for 14 days after cessation of clinical signs. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner was directed on proper cleaning and disinfection and to bathe the pet when recovered to remove virus persisting on the coat.	
<i>REMINDER: Parvovirus can persist in the environment for up to 7 months and infected pets may shed the virus for up to 14 days past recovery. In a veterinary setting, contaminated kennels or surfaces should be completely cleaned, disinfected, and dried at least twice before re-use.</i>	