

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

Tel. (213) 288-7060 Email form to: vet@ph.lacounty.gov Fax (213) 481-2375 publichealth.lacounty.gov/vet

Psittacosis Reporting Form

1. Bird.	Name	Species	Sex(if known)	Age
2. Bird C)wner			
Name(s)				
Address				
City, ZIP				
Гelephone:	:			
Los Angele	es County Publi	ic Health will contact the owner a	bout the standard 45-day quaranti	ne period.
3. Repor	rting Veterir	narian		
-	eterinarian or te			
Vet Clinic 1				
Address:				
City, ZIP:				
Telephone		Fax	E-mail:	
a. How lon c. Store/Inc	ng has this perso	on owned this bird?l bird to owner (if within last 60 d	Date bird obtained (if known)ays)	
d. Are ther If y Is e. Were any If y Is f. Type of h g. Is there a	g has this personal p	bird to owner (if within last 60 d n owner's property? _\ No ? on illness in these other birds? _\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes No Yes Jo Yes Oor hat handle the infected bird?	
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