



Canine Rocky Mountain Spotted Fever Reporting Form

Date form completed _____

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

2. Dog Owner

Name(s) _____

Address _____

City, ZIP _____

Telephone: _____

May we 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. Tick Exposure History

Type of neighborhood dog lives in: Urban Suburban Rural

Ticks found on dog within 7 days before illness: Yes No

Ticks found on dog within past 3 months: Yes No

Is the dog walked outside of its own neighborhood: Yes No

Locations of trails/parks/other places in LA County the dog visits:

Does the dog visit places outside of LA County? Yes No

List locations outside of LA County the dog might have been exposed to ticks:

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:

Fever Anorexia Petechiae/ecchymoses Vomiting Diarrhea

Cough Enlarged peripheral lymph nodes Conjunctivitis/scleral injection

Seizures/vestibular disease/neuro Edema (body location _____)

Polyarthritis (joints involved _____)

6. Treatments: (Ex. antibiotics or corticosteroids, ectoparasite control)

7. Laboratory results. Please fax all laboratory results along with this form.