



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

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

www.publichealth.lacounty.gov/vet



Imported Animal Illness or Death Reporting Form

Animals that were recently imported from another country may be ill from diseases that are not common in Los Angeles County. Your reports help detect and limit the spread of imported diseases.

Date form completed _____

1. Animal

Name _____ Species _____ Breed _____ Sex/Neut _____ Age _____

2. Animal 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. Importation History

Country of origin _____ Date of Importation _____

Is the owner also the importer? Yes No

If No, animal was purchased from:

- Newspaper classified ad
- Pennysaver ad
- Breeder
- Other _____
- Online classified ad
- Retail pet store
- Swap Meet

5. Clinical Findings

Date of onset of symptoms _____ Date of presentation _____

Date of death (if applicable) _____

Summary of clinical signs:

Suspected condition being reported (if unknown, please state this):

6. Laboratory results. Please fax all relevant laboratory results along with this form.

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