ANIMAL DISEASE CASE REPORT FORM
Bureau of Communicable Disease - Zoonotic, Influenza and Vectorborne Disease Unit

Date of Report _____/_____/_____

PLEASE REPORT THE FOLLOWING DISEASES IMMEDIATELY BY PHONE UPON SUSPICION (Check box):
☐ Anthrax  ☐ Glanders  ☐ Q fever  ☐ Tularemia
☐ Brucellosis  ☐ Plague  ☐ Rabies  ☐ Monkeypox
☐ SARS (severe acute respiratory syndrome)  ☐ Influenza (novel virus with pandemic potential)
☐ Other: _____________________________________________
☐ Any outbreak or suspect outbreak of any disease, condition or syndrome, of known or unknown etiology, that may be a danger to public health or any unusual manifestation of a disease in an animal

REPORT THE FOLLOWING BY PHONE, FAX, OR EMAIL UPON LABORATORY DIAGNOSIS (Check box):
☐ Psittacosis  ☐ Leptospirosis  ☐ Rocky Mountain spotted fever
☐ Salmonellosis  ☐ Tuberculosis  ☐ Arboviral encephalitides

VETERINARIAN OR PROVIDER INFORMATION

Animal Hospital or Facility: ____________________________________________________________

Phone: ______________________  Cell phone: ____________________  Fax: ____________________

Primary Veterinarian or caretaker of animal: ______________________________________________

Address: _________________________________________  Borough/County: ___________________

PATIENT INFORMATION

Owner Last Name:___________________________  First Name:______________________________

Owner Address:__________________________  Apt #:_____  Borough:_______  Zip:__________

Home Phone:___________________________  Alternate Phone:______________________________

Patient Name:_________________________  Age:______ yrs./mos.  (DOB ____/____/____)

Species:  ☐ Dog  ☐ Cat  ☐ Other____________________  Breed:______________________________

Sex:  ☐ Female  ☐ Male  朱etered:  ☐ Y  ☐ N  ☐ UNK

Date of Onset: ____/____/_____  Disposition:  ☐ Alive  ☐ Dead (Date of death____/____/____)

REPORTING NUMBERS

Bureau of Communicable Disease:  Ph: 347-396-2600  Fax: 347-396-2753 or x8991  zivdu@health.nyc.gov
After hours and weekends (Poison Control Center):  Ph: 212-764-7667 (212-POISONS)

**Please fax any supporting laboratory results with form**