

Animal Influenza Reporting Form

Reporting Veterinarian _____ Phone(s) _____

Clinic Name _____

Client

Name _____ Phone(s) _____

Address _____

Street _____

City _____

Zip _____

Patient

Name _____ Age _____ Sex _____

Species



Other _____

Onset of illness ____/____/____

Symptoms

- Fever _____ F
- Cough
- Sneeze
- Conjunctivitis
- Nasal discharge
- Ocular discharge
- Pneumonia
- Dehydration
- Inappetence
- Other _____

Outcome

- Hospitalized
 - Sent Home
 - Recovered
 - Deceased (Date of Death ____/____/____)
- Duration of illness _____ days

Treatment

- Fluids
- Antibiotics
- Antiviral

Client Health Information:

Influenza-like illness in the household Yes No

If yes, last onset of illness ____/____/____

Influenza-like illness in other household pets Yes No

If yes, species _____

Influenza-like illness in any farm animals in the premises Yes No

If yes, species _____

Please submit a standard OSU Accession form with the sample.

Please fax this form to 971-673-1100, Attn. Dr. DeBess, or save this PDF to your computer, complete the form, and e-mail it to: Emilio.E.DeBess@state.or.us