City of Long Beach Department of Health and Human Services
2525 Grand Avenue, Suite 201
Long Beach, California 90815
Phone: (562) 570-4241| Fax: (562) 570-4013

Animal Disease/Death Report Form

DISEASE BEING REPORTED:	Date Completed:

Animal Information:

Animal Type: ☐ Domestic Pet ☐ Livestock ☐ Wild animal ☐ Exotic				Number of Animals: ☐ One ☐ Multiple (Number:_____)	
Species of animal:	Breed:	Sex:	Color:	Age:	Name:

Animal Owner (if applicable):

Name(s):	Address:	City:
Zipcode:	Phone:	Is it ok for Public Health to call owner(s) to ask more about the history? ☐ Yes ☐ No

Animal Location (where in community animal originated, if not same as owner):

Name(s):	Address:	City:	Zipcode:

Reporting Veterinary Clinic or Shelter:

Name of veterinarian or technician:	Vet Clinic Name:	Address:		
City:	Zipcode:	Telephone:	Fax:	E-mail:

History:

Date of onset:	Date of presentation:	Date of death(s), if applicable:

History (include vaccine history, if applicable):

Clinical Findings (Fill out the section below or attach any medical records):

Highest body temperature measured _____

Physical Examination

	Normal	Comments
General:	☐ Yes ☐ No	_____
Skin:	☐ Yes ☐ No	_____
Head Area:	☐ Yes ☐ No	_____
Respiratory:	☐ Yes ☐ No	_____
Cardiovascular:	☐ Yes ☐ No	_____
Abdomen/digestive:	☐ Yes ☐ No	_____
Urogenital:	☐ Yes ☐ No	_____
Musculoskeletal:	☐ Yes ☐ No	_____
Nervous:	☐ Yes ☐ No	_____
Lymph nodes:	☐ Yes ☐ No	_____
Other:	☐ Yes ☐ No	_____

Treatment (Please describe treatment given, particularly antibacterial, antiviral, antifungal, antiparasitic):

Treatment Date:	Describe Treatment:

Additional Comments:

Fax completed form and laboratory report to (562) 570-4013

Last updated: Dec 2017