## CUYAHOGA COUNTY BOARD OF HEALTH

## YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

## **Zoonotic Disease Reporting Form**

Animal Species:		Date of Diagnosis:
Animal Address, City & Zip:		
Animal Owner Name:		
<b>Please complete and fax to 216-676-1317 or email to <a href="mailto:skoltas@ccbh.net">skoltas@ccbh.net</a>. Indicate which disease has been diagnosed in the animal by checking the corresponding box, and when known, please indicate the type or strain.</b>		
□ Anthrax	□ Giardiasis	□ Rabies
□ Avian Influenza	□ Hantavirus	□ Rocky Mountain Spotted Fever
□ Babesiosis	□ Herpes B Virus	□ Salmonellosis
□ Bartonella henselae	☐ Histoplasmosis	□ Sarcoptic Mange
□ Baylisascaris	□ LaCrosse Encephalitis	☐ St Louis Encephalitis
□ Brucellosis	□ Leptospirosis	☐ Streptobacillus moniliformis
□ Burkholdeia mallei	□ Lyme Disease	□ Toxoplasmosis
□ Campylobacteriosis	☐ Lymphocytic Choriomeningitis	□ Tuberculosis
□ Cryptococcosis	□ Monkeypox	□ Tularemia
□ Cryptosporidiosis	□ MRSA	□ West Nile Virus
□ E.coli 0157:H7	□ Plague	□ Yersiniosis
☐ Ehrlichiosis/Anaplasmosis	□ Psittacosis	
☐ Eastern Equine Encephalitis	□ Q Fever	☐ Unusual Morbidity/Mortality
Is the disease suspected or is it laboratory or rapid test confirmed?  Suspected  Laboratory Confirmed		
Do you think that this disease is unusual for what you typically see in your practice? Yes No		
Additional Notes:		
Veterinary Clinic:		
Address:		
Veterinarian:		Phone: