

# CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130  
216-201-2000 www.ccbh.net



**Public Health**

Prevent. Promote.  
Protect.

## Zoonotic Disease Reporting Form

*Please complete and fax to 216-676-1317 or email to sshort@ccbh.net*

Animal Species:	Date of Diagnosis:
Animal Address:	
City & Zip Code:	

Please indicate which disease has been diagnosed in the animal by checking the corresponding box. Submit one report per animal. Where known, please indicate the type or strain:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anthrax<br><input type="checkbox"/> Avian Influenza<br><input type="checkbox"/> Babesiosis<br><input type="checkbox"/> Bartonella henselae<br><input type="checkbox"/> Baylisascaris<br><input type="checkbox"/> Brucellosis<br><input type="checkbox"/> Burkholderia mallei<br><input type="checkbox"/> Campylobacteriosis<br><input type="checkbox"/> Cryptococcosis<br><input type="checkbox"/> Cryptosporidiosis<br><input type="checkbox"/> E.coli O157:H7<br><input type="checkbox"/> Ehrlichiosis/Anaplasmosis<br><input type="checkbox"/> Eastern Equine Encephalitis | <input type="checkbox"/> Giardiasis<br><input type="checkbox"/> Hantavirus<br><input type="checkbox"/> Herpes B Virus<br><input type="checkbox"/> Histoplasmosis<br><input type="checkbox"/> LaCrosse Encephalitis<br><input type="checkbox"/> Leptospirosis<br><input type="checkbox"/> Lyme Disease<br><input type="checkbox"/> Lymphocytic Choriomeningitis<br><input type="checkbox"/> Monkeypox<br><input type="checkbox"/> MRSA<br><input type="checkbox"/> Plague<br><input type="checkbox"/> Psittacosis<br><input type="checkbox"/> Q Fever | <input type="checkbox"/> Rabies<br><input type="checkbox"/> Rocky Mountain Spotted Fever<br><input type="checkbox"/> Salmonellosis<br><input type="checkbox"/> Sarcoptic Mange<br><input type="checkbox"/> St Louis Encephalitis<br><input type="checkbox"/> Streptobacillus moniliformis<br><input type="checkbox"/> Toxoplasmosis<br><input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Tularemia<br><input type="checkbox"/> West Nile Virus<br><input type="checkbox"/> Yersiniosis<br><br><input type="checkbox"/> 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: