

# 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:	

**Please complete and fax to 216-676-1316 or email to [skoltas@ccbh.net](mailto:skoltas@ccbh.net).** Indicate which disease has been diagnosed in the animal by checking the corresponding box, and when known, please indicate the type or strain.

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