



## Canine Influenza Reporting Form

Date form completed \_\_\_\_\_

**1. Dog** Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex/Neut \_\_\_\_\_ Age \_\_\_\_\_

**2. Dog Owner**  
 Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address where dog lives \_\_\_\_\_  
 Is it okay for Public Health to call the owner to ask more about the history?  Yes  No

**3. Reporting Veterinarian**  
 Name \_\_\_\_\_ Clinic Name \_\_\_\_\_  
 Clinic Address \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**4. History**  
**DHLPP.** Date of last 2 – 3 DHPP or DHLPP vaccines if known \_\_\_\_\_  
**Bordetella.** Date of last 2 – 3 Bordetella vaccines. \_\_\_\_\_  Intranasal  Injectable  
 \_\_\_\_\_  Intranasal  Injectable  
 \_\_\_\_\_  Intranasal  Injectable  
**Potential exposure history**  
 Another sick dog in home  Dog show  Kennel visit  
 Exposure to stray  Pet store  Shelter visit  
 Dog park  Other \_\_\_\_\_

**5. Clinical Findings**  
 Date of onset of first symptoms \_\_\_\_\_ Date of presentation \_\_\_\_\_  
 Date of death (if applicable) \_\_\_\_\_  
 Highest body temperature measured: \_\_\_\_\_  
Check all that apply:  
 Cough  Nasal discharge  Sneezing  
 Fever  Chest X-rays taken  Patient hospitalized  
 IV fluids given  Supplemental oxygen given  
 If nasal discharge present, please note: color, consistency, uni- or bilateral: \_\_\_\_\_  
 If chest radiographs were taken, please describe what was seen: \_\_\_\_\_  
 Name of medications used in treatment: \_\_\_\_\_  
 Amount of time it took dog to recover: \_\_\_\_\_  
 Date(s) serum drawn \_\_\_\_\_  
 Other comments \_\_\_\_\_

**6. Laboratory results**  
 Please fax all laboratory results to us along with this form.

Fax to: 562-401-7112.

Thank you for helping us better understand Canine Influenza!