# Canine Leptospirosis

**County:** ____________________________

**Local Health Department Contact:** ______________________________________

**Phone:** ____________________________

**Date Notified:** _____/_____/_____

## REPORT SOURCE

**Initial report date:** _____/_____/_____

**Name of person reporting:** ________________________________________________

**Phone:** ____________________________

**Veterinarian:** ____________________________________________________________

**Veterinary clinic or facility name and address:** __________________________________

**Veterinary clinic or facility phone:** ____________________________

## DOG INFORMATION

**Breed:** ________________  **Name:** __________________

**Age:** __________

**Gender**  
- [ ] F  
- [ ] M  
- [ ] Neutered/spayed

**Domestic**  
- [ ]  
- [ ]  
- [ ]  
- [ ] Outdoor  
- [ ] Indoor/Outdoor

**Leptospira vaccine history**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>NA</th>
<th>DK</th>
</tr>
</thead>
</table>

**Vaccine given:** ____________________________

**Date of last vaccine:** _____/_____/_____

**Serovars included:** ____________________________

**Daily Routine of this Dog**

________________________________________________________

________________________________________________________

________________________________________________________

**Leptospirosis**

How long has this dog been with present owner:  
_______years _______months _______days

**Location:** ____________________________  **Date:** _____/_____/_____

**Location:** ____________________________  **Date:** _____/_____/_____

**What other types of animals are in facility / household?**

________________________________________________________

________________________________________________________

**Recent Exposure to Wildlife?**  
- [ ]  
- [ ]  
- [ ]

**Location:** ____________________________  **Date:** _____/_____/_____

**Location:** ____________________________  **Date:** _____/_____/_____

**Recent Exposure to Wildlife?**  
- [ ]  
- [ ]  
- [ ]

**Owner’s name:** ____________________________

**Address where dog is kept:**

________________________________________________________

________________________________________________________

________________________________________________________

**Owner’s phone number(s):**

(______) _______________________

(______) _______________________

(______) _______________________

**How long has this dog been with present owner:**  
_______years _______months _______days

**What other types of animals are in facility / household?**

________________________________________________________

________________________________________________________

**Recent Exposure to Wildlife?**  
- [ ]  
- [ ]  
- [ ]

**Location:** ____________________________  **Date:** _____/_____/_____

**Location:** ____________________________  **Date:** _____/_____/_____

**Recent Exposure to Wildlife?**  
- [ ]  
- [ ]  
- [ ]

**Location:** ____________________________  **Date:** _____/_____/_____

**Location:** ____________________________  **Date:** _____/_____/_____

Note: This is not a PHIMS form  
Form available online at www.doh.wa.gov/portals/1/documents/pubs/333-158.pdf
**OWNER/FACILITY INFORMATION – Where dog is kept**

Premise information (*urban, suburban, rural, farm, ranch, near water body, wooded, etc.)*:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

**CLINICAL INFORMATION OF DOG**

<table>
<thead>
<tr>
<th>Onset date</th>
<th>Clinical Signs</th>
<th>Has the dog been treated for this illness?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Y □ N □ DK □ NA</td>
</tr>
</tbody>
</table>

List treatment ____________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Current status (Recovered, Died, Still Sick)

____________________________________________________________________________________________________

Has the dog been treated for this illness?

<table>
<thead>
<tr>
<th>□ Y</th>
<th>□ N</th>
<th>□ DK</th>
<th>□ NA</th>
</tr>
</thead>
</table>

List treatment ____________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Date treatment began: _____/_____/_____
Date treatment ended: _____/_____/_____

**LABORATORY INFORMATION**

<table>
<thead>
<tr>
<th>Test results:</th>
<th>Sera Collection date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em><strong><strong>/</strong></strong></em>/_______</td>
</tr>
</tbody>
</table>

Name of Lab: _______________________________________
Location: _______________________________________

Acute □ Convalescent □

**PUBLIC HEALTH ACTIONS**

Have prevention measures been discussed with owner?

____________________________________________________________________________________________________

OK for public health to contact the owner?

<table>
<thead>
<tr>
<th>□ Y</th>
<th>□ N</th>
<th>□ DK</th>
</tr>
</thead>
</table>

Other Comments:

Fax completed form along with the **lab report** - leptospirosis confirmation section including serovars to:

Washington Department of Health, Zoonotic Disease Program
FAX: 360-236-2261

Report any confirmed or suspected cases of canine leptospirosis to your local health department **immediately** upon identification.