



Canine Leptospirosis

Suspected Confirmed

County: _____

Local Health Department Contact: _____

Phone: (_____) _____

Date Notified: ____/____/____

REPORT SOURCE

Initial report date: ____/____/____

Name of person reporting: _____

Phone: (_____) _____

Reporter's relationship to dog (owner, veterinarian, etc): _____

Veterinarian: _____

Veterinary clinic or facility name and address: _____

Veterinary clinic or facility phone: (_____) _____

DOG INFORMATION

Breed: _____ Name: _____

Age: _____

Gender F M Neutered/spayed

Domestic Stray Indoor Outdoor Indoor/Outdoor

Leptospira vaccine history

Y N NA DK Vaccine given: _____

 Date of last vaccine: ____/____/____

Serovars included: _____

Daily Routine of this Dog

Dog's Recent Travel: Y N DK

Location: _____ Date: ____/____/____ to ____/____/____

Location: _____ Date: ____/____/____ to ____/____/____

OWNER INFORMATION

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? Y N DK

OWNER/FACILITY INFORMATION – Where dog is kept

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

CLINICAL INFORMATION OF DOG

Onset date ____/____/____

Clinical Signs _____

Current status (Recovered, Died, Still Sick)

Has the dog been treated for this illness?

Y N DK NA

List treatment _____

Date treatment began: ____/____/____

Date treatment ended: ____/____/____

LABORATORY INFORMATION

Test results: _____

Sera Collection date ____/____/____

Name of Lab: _____

Location: _____

Acute Convalescent

PUBLIC HEALTH ACTIONS

Have prevention measures been discussed with owner?

OK for public health to contact the owner?

Y N DK

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 local health departments **immediately** upon identification.