



Border Puppy Illness/Death Reporting Form

Date form completed _____

1. Pet

Name _____ Breed _____ Sex/Neut _____ Age _____

2. Pet Owner

Name(s) _____ Telephone _____

Address where puppy 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. Importation History

Country of origin, if known: _____

Date of importation, if known: _____

Was owner also importer of puppy? Yes No

If No, puppy purchased from

- Newspaper classified Online classified ad
 Pennysaver ad Retail pet store
 Swap meet Other _____

5. Clinical Findings

Date of onset of first symptoms _____ Date of presentation _____

Date of death (if applicable) _____

Highest body temperature measured _____

Suspected illness or condition being reported: (check all that apply)

- Dermatophytosis (ringworm)
 Distemper
 Parvovirus
 Rabies suspect
 Other _____

Comments:

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

Fax to: 562-401-7112.

Thank you for helping us better track illnesses in imported animals!