VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
Tel. (213) 929-7060 or 877-747-2243 Fax (213) 481-2375
publichealth.lacounty.gov/vet

Coccidioidomycosis Reporting Form

Date form completed___________

1. Pet
□ Dog □ Cat □ Other
Name________________Breed______________________Sex/Neut_________Age_________

2. Pet Owner
Name(s) :
Street :
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? □ YES □ NO

3. Reporting Veterinarian
Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. Exposure History
(fill in as known)

Dog lives primarily outdoors (more than 50% of time).	□ Yes	□ No
Dog likes to dig in soil frequently.	□ Yes	□ No
Dog/family live within site of earth excavation.	□ Yes	□ No
Dog/family live on a dirt road	□ Yes	□ No
Dog has been in dust storm within 2 months before illness.	□ Yes	□ No

Dog has been to the following locations within 2 months before illness:

□ Mojave Desert Area	□ Central Valley/San Joaquin Valley	□ Arizona
□ New Mexico	□ Southern Nevada	□ Southwestern Texas
□ Southern Utah	□ Northern Mexico	□ Central or South America

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 □ Fever
□ Weight loss □ Lameness
□ Enlarged lymph node(s) (node location(s)____)
□ Eye lesions □ Pneumonia/Pulmonary lesion seen on radiograph
□ Bone lesion seen on radiograph □ Other:____

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

Fax to: (213) 481-2375 **2010**
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