



Leptospirosis 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

Vaccination

Date of last leptospirosis vaccine (if known): _____

Vaccine type (ex. DHLPP or 4-way Lepto vaccine): _____

Potential exposure history

Exposure/travel outside of Los Angeles County? Yes No

If yes, please note location and date: _____

Dog has/had local exposure to (check all that apply):

- Skunks Opossums Raccoons Deer Rats
 Mice Pigs Cattle Horses

Other potential exposure: _____

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:

Visible jaundice/icterus Renomegaly Acute renal failure

Were intravenous fluids given? Yes No

If renomegaly, how detected? Palpation Radiographs Ultrasonography

6. Laboratory results

Please fax all laboratory results to us along with this form. Leptospirosis titers, urine cultures, urinalysis, blood chemistries, and complete blood cell counts are all of interest.

7. Additional comments. We would greatly appreciate comments on why you thought of Leptospirosis as a possibility in this case. Have you been seeing a lot of Lepto cases? Do you always test for lepto when you see renal failure in dogs? Did something in the dog's history make you suspect Lepto? Please use an additional sheet if needed.

Fax to: 562-401-7112.

Thank you for helping us better understand Leptospirosis!