



# VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

Tel. (213) 288-7060 Email form to: [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov) Fax (213) 481-2375

[publichealth.lacounty.gov/vet](http://publichealth.lacounty.gov/vet)



## Animal Methicillin-Resistant *Staphylococcus* Reporting Form

Please report all Methicillin-resistant *Staphylococcus* species, including *S. aureus* (MRSA), *S. schleiferi* (MRSS), and *S. pseudointermedius* (MRSP).

Date form completed \_\_\_\_\_

<b>1. Animal</b>	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Horse	<input type="checkbox"/> Bird	<input type="checkbox"/> Other _____
Name _____	Breed _____			Sex/Neut _____	Age _____

<b>2. Animal Owner</b>
Name(s) _____
Address _____
City, ZIP _____
Telephone: _____
Is it okay for Public Health to call the owner(s) to ask more about the history? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

<b>4. Exposure History</b>
Any associated human illness? <input type="checkbox"/> YES <input type="checkbox"/> NO
Any other animals in family ill from bacteria? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>5. Clinical Findings</b>
Date of onset at home _____ Date of presentation _____ Date of death (if applicable) _____
Check all that apply:
<input type="checkbox"/> Fever (highest body temperature measured _____)
<input type="checkbox"/> Abscess <input type="checkbox"/> Skin lesions/dermatitis <input type="checkbox"/> Skin lesion/mass-like
<input type="checkbox"/> Otitis externa <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Post-operative infection
<input type="checkbox"/> Intravenous catheter <input type="checkbox"/> Surgical implant <input type="checkbox"/> Septic arthritis
<input type="checkbox"/> Other _____ Location of lesion(s) on body _____
Were any pictures taken of the lesion(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6. Treatment.</b> Please comment on antibiotics administered and response to treatment.

<b>7. Laboratory results.</b> Please fax all bacterial cultures and other lab results in along with form.
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