

VETERINARY PUBLIC HEALTH PROGRAM  
**SARS-CoV-2 Reporting Form**



**Instructions:** Use this form to report suspected and confirmed cases of SARS-CoV-2 (the virus that causes COVID-19) to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. For a complete list of reportable animal diseases and conditions, and reporting forms, please visit our website: <http://publichealth.lacounty.gov/vet/>.

**Date form completed:** \_\_\_\_\_ **Please submit completed form to:** [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov) OR fax to (213) 481-2375.

<b>1. Animal</b>				
Name:	Species:	Breed:	Sex/Neut:	Age:
<b>2. Pet Owner/Wildlife location</b>				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
<b>3. Reporting Veterinarian/Shelter/Other Facility</b>				
Name of veterinarian:		Clinic/Facility name:		
Phone:		E-mail:		
<b>4. Exposure History</b>				
Was the animal exposed to <u>person(s)</u> with COVID-19? <input type="checkbox"/> Yes, person with confirmed COVID-19 <input type="checkbox"/> No <input type="checkbox"/> Yes, person with suspected COVID-19 If YES, Date of first exposure: _____ <input type="checkbox"/> Unknown				
Was the animal exposed to <u>animal(s)</u> with COVID-19? <input type="checkbox"/> Yes, animal with confirmed COVID-19 <input type="checkbox"/> No <input type="checkbox"/> Yes, animal with suspected COVID-19 If YES, Date of first exposure: _____ <input type="checkbox"/> Unknown <i>If yes to either of the above questions, and there is interest in SARS-CoV-2 testing, please contact VPH.</i>				
Other potential exposures (check all that apply): <input type="checkbox"/> Dog show <input type="checkbox"/> Kennel visit <input type="checkbox"/> Shelter visit <input type="checkbox"/> Pet store <input type="checkbox"/> Dog park <input type="checkbox"/> Exposure to stray <input type="checkbox"/> Zoo <input type="checkbox"/> Wildlife <input type="checkbox"/> Other: _____				
Animal Housing Situation: <input type="checkbox"/> Household pet <input type="checkbox"/> Shelter <input type="checkbox"/> Wildlife <input type="checkbox"/> Zoo <input type="checkbox"/> Other: _____				
Animal's typical access to outdoor spaces: <input type="checkbox"/> Indoor & outdoor <input type="checkbox"/> Indoor only <input type="checkbox"/> Outdoor confined <input type="checkbox"/> Outdoor free-roaming <input type="checkbox"/> Unknown				
<b>5. Clinical Findings</b>				
Onset date:	Presentation date:		Date of death (if applicable):	
Check all that apply: <input type="checkbox"/> Cough/shortness of breath <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Lethargy <input type="checkbox"/> Nasal discharge <input type="checkbox"/> Ocular discharge <input type="checkbox"/> Inappetence <input type="checkbox"/> No clinical signs <input type="checkbox"/> Fever – highest temperature: _____ <input type="checkbox"/> Other (specify): _____				
Did the animal have pre-existing condition(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____				
<b>6. Diagnostics</b>				
SARS-CoV-2 test recommended for animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		SARS-CoV-2 test conducted for this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date sample collected: _____ Type of sample: <input type="checkbox"/> Oral swab <input type="checkbox"/> Nasal swab <input type="checkbox"/> Conjunctival swab <input type="checkbox"/> Rectal swab <input type="checkbox"/> Fecal sample <input type="checkbox"/> Fur sample <input type="checkbox"/> Serum sample <input type="checkbox"/> Port-mortem tissue (specify): _____ <input type="checkbox"/> Other: _____ Test Results: _____				
<b>7. Client Education</b>				
Owner directed to keep sick pet at home under isolation for 14 days after cessation of clinical signs. <input type="checkbox"/> Yes <input type="checkbox"/> No				

**PLEASE SUBMIT LABORATORY RESULTS WITH THIS FORM AND EMAIL TO: [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov)**