



## Tick-borne Disease Reporting Form

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

**1. Disease**     Anaplasmosis                       Ehrlichiosis                      Babesiosis  
                          Borreliosis (Lyme)                       Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever)

**2. Pet**             Dog                       Cat                       Other \_\_\_\_\_  
Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex/Neut \_\_\_\_\_ Age \_\_\_\_\_

**3. Pet Owner**

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, ZIP \_\_\_\_\_  
Telephone: \_\_\_\_\_ May we call the owner(s) to ask more about the history?     YES     NO

**4. Reporting Facility**

Veterinarian or technician: \_\_\_\_\_  
Clinic or Shelter Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ZIP: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. Tick Exposure History**

Ticks from pet saved in alcohol for identification?                       Yes                       No  
Owner reports seeing ticks on pet earlier?                       Yes                       No  
Parks and places in LA County the pet visits: \_\_\_\_\_  
\_\_\_\_\_  
Does the pet visit places outside of LA County?                       Yes                       No  
Where? \_\_\_\_\_

**6. Clinical Findings**

Date of onset \_\_\_\_\_ Date of presentation \_\_\_\_\_ Date of death \_\_\_\_\_  
Highest body temperature measured \_\_\_\_\_  
Check all that apply:  
 Fever                       Anorexia                       Vomiting  
 Epistaxis                       Petechiae/ecchymoses                       Enlarged lymph node(s)  
 Neurosigns                       Edema                       Lameness  
Please describe: \_\_\_\_\_

**7. Treatments:** (Ex. antibiotics or corticosteroids, ectoparasite control)

**8. Laboratory results.** Please fax all laboratory results along with this form.

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