



# VETERINARY PUBLIC HEALTH PROGRAM

## Brucellosis Reporting Form



**Instructions:** Use this form to report suspected and confirmed cases of brucellosis 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</b>				
First name:		Last name:		
Address:		City:		Zip:
Phone:		E-mail:		
<b>3. Reporting Veterinarian</b>				
Name of veterinarian:		Clinic name:		
Phone:		E-mail:		
<b>4. History</b>				
When did the owner obtain the dog?		Any known illness in humans that handled this dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where did the owner obtain the dog? <input type="checkbox"/> Shelter <input type="checkbox"/> Rescue <input type="checkbox"/> Breeder <input type="checkbox"/> Private party <input type="checkbox"/> Other				
Name of facility/party: _____		Phone: _____		
Address of facility/party: _____		Email: _____		
Was the dog or the dog's mother imported from outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, from where? _____				
Is the dog spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of surgery: _____ Facility name: _____				
Are there other dogs in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many other dogs are in the home? _____				
Do any other dogs in the household have clinical signs of brucellosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES to either question, please fill out a report for the other dog.	
Has the dog ever mated with another dog (intentional breeding or not)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has this dog been in contact with cattle, goats, sheep, pigs, deer, or rodents? If YES, explain: _____				
<b>5. Clinical Findings</b>				
Onset date:		Presentation date:		Date of death (if applicable):
Check all that apply: <input type="checkbox"/> No clinical signs <input type="checkbox"/> Lethargy <input type="checkbox"/> Fever – highest body temperature measured: _____				
<input type="checkbox"/> Diskospondylitis <input type="checkbox"/> Abortion		<input type="checkbox"/> Epididymitis <input type="checkbox"/> Ocular lesions		<input type="checkbox"/> Urinary tract infection
<input type="checkbox"/> Enlarged lymph nodes (specify location): _____			<input type="checkbox"/> Other (specify): _____	
<b>6. Diagnostics (please submit laboratory results with this form)</b>				
Date: _____ Positive Ab: <input type="checkbox"/> IFA <input type="checkbox"/> AGID <input type="checkbox"/> RSAT <input type="checkbox"/> Tube Agg		Date: _____ <input type="checkbox"/> Positive PCR <input type="checkbox"/> Positive Culture		
Date: _____ Positive Ab: <input type="checkbox"/> IFA <input type="checkbox"/> AGID <input type="checkbox"/> RSAT <input type="checkbox"/> Tube Agg		Date: _____ <input type="checkbox"/> Other: _____		
<b>7. Treatment</b>				
Date: _____		Treatment: (drug, dosage, duration): _____		
Date: _____		Treatment: (drug, dosage, duration): _____		
<b>8. Client Education</b>				
I discussed the zoonotic potential of <i>Brucella</i> with the client and the importance of spay/neuter if needed <input type="checkbox"/> Yes <input type="checkbox"/> No				
Owner directed on proper cleaning/disinfection/hand hygiene when handling the pet and bodily fluids			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner directed to not take dog off of the property or to dog parks, grooming, daycare, boarding, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterinary Public Health will contact the owner to discuss brucellosis in their pet.</b>				
Brucellosis resource: <a href="https://www.cfsph.iastate.edu/FastFacts/pdfs/canine_brucellosis_F.pdf">https://www.cfsph.iastate.edu/FastFacts/pdfs/canine_brucellosis_F.pdf</a>				

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