

VETERINARY PUBLIC HEALTH PROGRAM
Distemper Reporting Form



Instructions: Use this form to report suspected and confirmed cases of distemper 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 (preferred) OR fax to (213) 481-2375.

1. Animal				
Name/Impound #:	Species:	Breed:	Sex/Neut:	Age:
2. Pet Owner/Wildlife location when found				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
3. Reporting Veterinarian/Shelter/Facility				
Name of veterinarian:		Clinic/facility name:		
Phone:		E-mail:		
4. History				
Distemper vaccination? <input type="checkbox"/> Fully vaccinated, up to date <input type="checkbox"/> Fully vaccinated, not up to date <input type="checkbox"/> Incomplete series <input type="checkbox"/> Never vaccinated <input type="checkbox"/> Unknown				
Dates of last 2 DHLPP/DA2PP vaccinations: _____				
Was the animal imported from outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, from where? _____				
When did the owner obtain the dog? _____				
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: _____				
Potential exposure history (1 month prior to illness): <input type="checkbox"/> Sick animal at home <input type="checkbox"/> Dog show <input type="checkbox"/> Kennel visit <input type="checkbox"/> Pet store <input type="checkbox"/> Shelter visit <input type="checkbox"/> Exposure to stray <input type="checkbox"/> Dog park <input type="checkbox"/> Wildlife <input type="checkbox"/> Breeder <input type="checkbox"/> Other: _____				
Please explain (date, location): _____				
5. Clinical Findings				
Onset date:	Presentation date:	Date of death:	Euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check all that apply: <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Fever – highest body temperature measured: _____ <input type="checkbox"/> Nasal discharge <input type="checkbox"/> Ocular discharge <input type="checkbox"/> Seizures <input type="checkbox"/> Other neurologic signs (specify): _____ <input type="checkbox"/> Moribund <input type="checkbox"/> Non-responsive <input type="checkbox"/> Other (specify): _____				
6. Diagnostics (please submit laboratory results with this form)				
Date: _____ <input type="checkbox"/> Positive distemper antibody titer Result: _____ <input type="checkbox"/> Wild type <input type="checkbox"/> Vaccine interference				
Date: _____ <input type="checkbox"/> Positive distemper PCR - Sample type/location: _____				
Date: _____ <input type="checkbox"/> Other (explain): _____				
7. Treatment				
Date: _____ Treatment (drug, dosage, duration): _____				
8. Client Education				
Owner advised that dogs with distemper can shed virus for up to four months after recovery. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Owner directed to keep dog isolated from other dogs during this time. <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Contaminated kennels/surfaces should be completely cleaned, disinfected and dried at least twice before re-use.</i>				
Resource: https://www.uwsheltermedicine.com/library/resources/canine-distemper-cdv				

PLEASE SUBMIT LABORATORY RESULTS WITH THIS FORM AND EMAIL TO: vet@ph.lacounty.gov