



Heartworm Report Form

Date form completed _____

1. Pet Dog Cat

Name _____ Breed _____ Sex/Neut _____ Age _____

2. Pet Owner

Name(s): _____

Street: _____

City, ZIP _____

Telephone: _____

Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician: _____

Vet Clinic Name: _____

Address: _____

City, ZIP: _____

Telephone _____

Fax _____

E-mail: _____

4. Exposure History

Exposure/travel outside of Los Angeles County? Yes No

Location and approximate dates: _____

On heartworm preventative before diagnosis? Yes No (preventative: _____)

If Yes, what do you suspect is the cause of prevention failure

Drug resistance Irregular dosing Other. Explain _____

5. Clinical Findings

Date of onset _____ Date of presentation _____

Date of death _____

Clinical Signs (check all that apply)

None Cough Fatigue Heart failure

Other _____

Thoracic radiographs taken? Yes No

Comment on radiograph findings: _____

6. Tests and Treatment

Heartworm blood test date

Test (Ag, Ab, microfilaria)

Test Result

1. _____

2. _____

3. _____

Treatment Date

Treatment

1. _____

2. _____

3. _____

Email to: vet@ph.lacounty.gov

Fax to: (213) 481-2375

Rev 3/2021

