



VETERINARY PUBLIC HEALTH PROGRAM
Leptospirosis - Reporting Form



General Instructions:

This form may be used to report suspected cases and confirmed cases of leptospirosis. The entire form must be completed. For a list of reportable animal diseases, conditions, and reporting forms, please visit our website: <http://publichealth.lacounty.gov/vet/>

Please email completed form and LAB results to: vet@ph.lacounty.gov or fax to (213) 481-2375

Date form completed: _____

1. Animal	
Name: _____ Species: _____ Breed: _____ Sex/Neut: _____ Age: _____	
2. Dog Owner	
Name(s): _____	
Street: _____	
City, ZIP: _____	
Telephone: _____ Email: _____	
3. Reporting Veterinarian	
Name of veterinarian or technician: _____	
Vet Clinic Name: _____	
Address: _____	
City, ZIP: _____	
Telephone: _____ Fax: _____ Email: _____	
4. History	
Vaccinated against <i>Leptospira</i> before illness: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last <i>Leptospira</i> vaccination: _____	
<input type="checkbox"/> bivalent <input type="checkbox"/> quadrivalent	
Travel outside of Los Angeles County in the month before becoming ill: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Travel locations, approximate dates: _____	
Animal exposures:	
<input type="checkbox"/> Skunks <input type="checkbox"/> Opossums <input type="checkbox"/> Raccoons <input type="checkbox"/> Deer	
<input type="checkbox"/> Rats <input type="checkbox"/> Mice <input type="checkbox"/> Pigs <input type="checkbox"/> Cattle <input type="checkbox"/> Horses	
<input type="checkbox"/> Dogs <input type="checkbox"/> Other: _____	
Potential exposure history:	
<input type="checkbox"/> Dog park visit	
<input type="checkbox"/> Kennel or daycare visit <input type="checkbox"/> Shelter visit <input type="checkbox"/> Other exposure: _____	
Facility/location names: _____	
Date(s) last visited: _____	
5. Clinical Findings	
Date of onset of first symptoms: _____ Date of death (if applicable): _____	
Date of presentation: _____	
Check all that apply:	
<input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Inappetence <input type="checkbox"/> Fever - highest body temperature measured: _____	
<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Lethargy <input type="checkbox"/> Azotemia <input type="checkbox"/> Other: _____	
6. Diagnostics and Treatment	
<input type="checkbox"/> Positive urine PCR <input type="checkbox"/> Positive blood PCR <input type="checkbox"/> Positive <i>Leptospira</i> ELISA <input type="checkbox"/> Positive In-house <i>Leptospira</i> test	
<input type="checkbox"/> <i>Leptospira</i> MAT Serology Serovar: _____	
Antibiotics (dose, frequency, duration): _____	
<input type="checkbox"/> Patient hospitalized – number of days: _____ <input type="checkbox"/> IV Fluids <input type="checkbox"/> Dialysis	
Other comments: _____	
7. Client Education	
I discussed the zoonotic potential with the pet owner and advised on proper cleaning and disinfection. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>REMINDER: Zoonotic disease. Gloves should be worn when cleaning urine, a disinfectant should be used to clean the area, and hands should be washed after removing the gloves. Dogs should be isolated at least until treatment is completed.</i>	