



# VETERINARY PUBLIC HEALTH PROGRAM

## Parvovirus - Reporting Form



**Instructions:** Use this form to report suspected and confirmed cases of parvovirus 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>				
<input type="checkbox"/> Fully vaccinated against parvovirus – up to date <input type="checkbox"/> Fully vaccinated against parvovirus – not up to date currently <input type="checkbox"/> Never vaccinated against parvovirus <input type="checkbox"/> Incomplete series against parvovirus <input type="checkbox"/> Unknown vaccination status				
Dates of last two DA2PP/DHLPP vaccines 1): _____ 2): _____				
Travel outside of LA County in the month before becoming ill? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Travel location 1):		Date 1):		
Travel location 2):		Date 2):		
<b>Potential exposure history:</b> <input type="checkbox"/> Kennel or daycare <input type="checkbox"/> Dog park <input type="checkbox"/> Shelter <input type="checkbox"/> Another sick animal at home <input type="checkbox"/> Other: _____				
Facility or location name(s):				
Last date(s) attended:				
<b>5. Clinical Findings</b>				
Onset date:		Presentation date:		Date of death (if applicable):
Check all that apply:				
<input type="checkbox"/> Anorexia		<input type="checkbox"/> Lethargy		<input type="checkbox"/> Moribund
<input type="checkbox"/> Vomiting		<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Asymptomatic
				<input type="checkbox"/> Fever - Highest body temperature recorded: _____
				<input type="checkbox"/> Other: _____
<b>6. Diagnostics</b>				
<input type="checkbox"/> Positive in-house parvo SNAP/ELISA		<input type="checkbox"/> Positive parvo PCR		<input type="checkbox"/> Other tests: _____
<b>7. Treatment</b>				
Treatment(s) (medication, dose, frequency, duration):				
<input type="checkbox"/> Patient hospitalized - #days: _____		<input type="checkbox"/> IV Fluids		<input type="checkbox"/> Dialysis
Other comments:				
<b>8. Client Education</b>				
Owner directed to keep the sick pet at home under isolation for 14 days after cessation of clinical signs: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Owner was directed on proper cleaning and disinfection and to bathe the pet when recovered to remove virus persisting on the coat: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>REMINDER: Parvovirus can persist in the environment for up to 7 months and infected pets may shed the virus for up to 14 days past recovery. In a veterinary setting, contaminated kennels or surfaces should be completely cleaned, disinfected, and dried at least twice before re-use.</i>				

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