



VETERINARY PUBLIC HEALTH PROGRAM

Parvovirus in Fully Vaccinated Dogs - Reporting Form



Instructions: Use this form to report confirmed cases of parvovirus in fully vaccinated dogs to the Veterinary Public Health Program at the Los Angeles County Department.

Date form completed: _____ **Please submit completed form to:** vet@ph.lacounty.gov OR fax to (213) 481-2375.

1. Animal				
Name:	Species:	Breed:	Sex/Neut:	Age:
2. Pet Owner				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
3. Reporting Veterinarian				
Name of veterinarian:		Clinic name:		
Phone:		E-mail:		
4. History - ONLY PARVO IN FULLY VACCINATED DOGS IS REPORTABLE				
<p style="color: red; font-weight: bold;">The occurrence of a vaccine failure is considered an Adverse Event. Report it to USDA at: https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/veterinary-biologics/adverse-event-reporting/ct_vb_adverse_event</p>				
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):		
Potential exposure history: <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:				
5. Clinical Findings				
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"/> Fever - Highest body temperature recorded: _____	
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Other: _____	
6. Diagnostics				
<input type="checkbox"/> Positive in-house parvo SNAP/ELISA		<input type="checkbox"/> Positive parvo PCR		<input type="checkbox"/> Other tests: _____
7. Treatment				
Treatment(s) (medication, dose, frequency, duration):				
<input type="checkbox"/> Patient hospitalized - #days: _____		<input type="checkbox"/> IV Fluids		<input type="checkbox"/> Dialysis
Other comments:				
8. Client Education				
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				
<p style="font-weight: bold; color: red;">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.</p>				

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

Veterinary Public Health

Tel:(213) 288-7060

<http://publichealth.lacounty.gov/vet/>

(Rev. 2/2024)