

Georgia Reportable Animal Disease Form

<input type="checkbox"/> Case
<input type="checkbox"/> Not a Case

Date of Report	Time of Report	Name of Reportable Animal Disease
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Reporting Person's / Veterinarian's			
Name			
Address			
City	State	ZIP Code	County
Work Phone	Cell Phone	Fax	Email

Farm / Dealer / Shelter / Kennel / Breeder (Circle One)			
Name			
Address			
City	State	ZIP Code	County
Home Phone	Work Phone	Cell Phone	Fax or Email
Contact name / Current owner (Circle One)			
Home Phone	Work Phone	Cell Phone	Fax or Email

Animals Affected			
Species of animals affected	Number of animals affected	Number of animals dead	Number of animals in herd
Other species (Not Affected) on premises	Species	Number	

Have any animals been hospitalized ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?
Is animal from a Shelter <input type="checkbox"/> Breeder <input type="checkbox"/> If so, when was animal adopted?

Georgia Reportable Animal Disease Form (cont'd)

Describe signs (e.g. location of lesions, fever, cough, abortions)

Have people in contact been counseled of their zoonotic risk? Yes No

Were they given the number of the Health Department? Yes No

Action taken prior to notification of State Veterinarian (narrative)

Sample Submission—type of specimens submitted

Laboratory to which samples were submitted:
Name

Address

City

State

ZIP Code

Was the diagnosis accomplished

at your lab

another private/state laboratory

or both

Please send us a copy of the laboratory report(s)

Report of suspect case based on clinical evidence available to the veterinarian.

Report of suspect case based on observation by individual reporting.

Report taken by