Washington State Department of Health  Canine Leptospirosis	County:  Local Health Jurisdiction Contact:
☐ Suspected ☐ Confirmed	Phone: ()  Date Notified:
REPORT SOURCE  Initial report date:  Name of person reporting:  Phone: ()  Reporter's relationship to dog (owner, veterinarian, etc):	Veterinarian:  Veterinary clinic or facility name and address:
DOG INFORMATION	Veterinary clinic or facility phone: () OWNER INFORMATION
Breed: Name:  Age:  Gender   F   M   Neutered/spayed       Domestic   Stray   Indoor   Outdoor   Indoor  Leptospira vaccine history  Y N NA DK   Vaccine given:  Date of last vaccine:  Serovars included:	Address where dog is kept:
Daily Routine of this Dog  Dog's Recent Travel:  Y N DK	How long has this dog been with present owner:yearsmonthsdays  What other types of animals are in facility / household?
Location: Date:  Location: Date:	

Premise information (urban, suburban, rural, farm, ranch, r	near water body, wooded, etc.):
CLINICAL INFORMATION OF DOG	
Onset date	Has the dog been treated for this illness?  N DK NA  List treatment
Current status (Recovered, Died, Still Sick)	Date treatment began:
	Date treatment ended:
LABORATORY INFORMATION	PUBLIC HEALTH ACTIONS
Test results:	Have prevention measures been discussed with owner?
Sera Collection date	OK for public health to contact the owner?
Name of Lab:  Location:	Other Comments:
Acute Convalescent	

\*\* Report all cases of Canine Leptospirosis to your Local Health Department \*\*

**In King County** 

**Email this form or questions to:** 

animaldiseasespublichealth@kingcounty.gov

This form can be accessed online at  $\frac{\text{https://kingcounty.gov/en/legacy/depts/health/communicable-diseases/zoonotic/veterinarians}$ 

Note: this is **not** a PHIMS form DOH 334-122 (Rev. 7/08)