



Canine Influenza Virus (CIV)

Confirmed Suspected

Reporting Instructions (Note: All reporting is voluntary)

Please fill out and submit this form for each individual case of Confirmed or Suspected CIV your facility encounters. Fax form along with laboratory results to: (206) 296-0189, Attention: Public Health Veterinarian.

CIV Reporting Case Definitions:

Confirmed: Any dog with laboratory tested and confirmed CIV positive sample.
Suspected: Any dog with symptoms and history for CIV from the SAME household as a dog with a CONFIRMED case of CIV or a known exposure to a dog with a CONFIRMED case of CIV, but no positive test.

REPORT SOURCE

Report Date (MM/DD/YY): ____/____/____
 Veterinarian: _____
 Facility/Clinic Phone: (____) _____
 Facility/Clinic Name and Address:

PATIENT INFORMATION

Name of dog: _____
 Last name of owner: _____
 Breed: _____
 DOB or Age: _____
 Gender: Male Female
 Neutered/Spayed: Yes No
 Zip code of dog's residence: _____

CLINICAL INFORMATION

Date of onset of illness (MM/DD/YY): ____/____/____

Cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nasal Discharge:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what was highest known temperature during illness? _____		
Sneezing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lethargy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anorexia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recovered Still sick/recovering Died

Underlying or chronic medical conditions? Yes No
 Please list conditions:

IMMUNIZATION HISTORY

Has the dog ever received a Canine Influenza Virus vaccine?
 Yes No Unknown

If yes, which type? (mark all that apply):
 H3N8 H3N2

Did the dog receive an initial vaccination and a booster vaccine 2-4 weeks later?
 H3N8 Yes No Unknown
 H3N2 Yes No Unknown

Last vaccination given in the past year?
 H3N8: Yes No Unknown
 H3N2: Yes No Unknown

