

Laboratory Specimens Collected (circle appropriate info):	blood	tissue	swab
Date Specimens Collected:	Lab to which specimen(s) sent:		

Vaccination History

Is animal vaccinated (please circle one):		Yes	No	Unknown
Vaccination:	Date of Vaccination:	Vaccination Given by: (circle appropriate info)		
Distemper		vet	owner	other:
Adenovirus		vet	owner	other:
Hepatitis		vet	owner	other:
Parainfluenza		vet	owner	other:
Parvovirus		vet	owner	other:
Rabies		vet	owner	other:
Coronavirus		vet	owner	other:
Lyme		vet	owner	other:
Leptospirosis		vet	owner	other:
Bordetella bronchiseptica		vet	owner	other:
How long has the owner had the animal?				
Where did the owner acquire the animal?				
Was the animal exposed to other sick animals?		Yes	No	
Are there other animals at this location?		Yes	No	
<i>If yes, please list species and number of each species:</i>		Species: _____		Number: _____
Species: _____	Number: _____	Species: _____	Number: _____	
Are any of the other animals sick?		Yes	No	
<i>If yes, please list species and number sick:</i>		Species: _____		Number: _____
Species: _____	Number: _____	Species: _____	Number: _____	

Please circle one:

Canine Influenza PCR (swab)

HI serology (serum)

canine influenza specific

AGID Serology (serum)

type A Influenza specific