



State of New Jersey
 Department of Agriculture
 Division of Animal Health
 PO Box 330, Trenton, NJ 08625
www.state.nj.us/agriculture

Telephone: (609) 292-3965

Fax: (609) 777-8395

NEUROLOGIC DISEASE WORKSHEET

Veterinarian Name:		Address:	
Telephone #:			
Fax #:			
Animal Owner's Name		Owner's Phone #:	
Location of Animal			
Stable/Farm Name:		Street Address:	
Animal's Travel History:		City/Municipality:	County:
		Zip Code:	
Name of Animal:			
Circle appropriate info: male neutered male female pregnant female immature male immature female			
Age:		Breed:	
Color:		ID (Tattoo, tag, brand, etc):	
Status of Animal (circle appropriate info)			
Alive		Euthanized	
Died <i>Date of death:</i> _____		Date euthanized: _____	
Date of Onset of Illness:		Date of Initial Veterinary Examination:	
Circle Signs Observed:			
		front ataxia	rear ataxia
hindlimb weakness	agitation	hypersensitivity	aggression
muscle fasciculation	anorexia	disorientation	hypermetria
excessive sweating	circling	apprehension	volcalization
eating hay	star gazing	depression	eating grain
Circle Types(s) of Treatment:			
	DMSO	corticosteroids	fluids
antibiotics	banamine	bute	anti-serum
Other: _____			

Name of Animal: _____			
Laboratory Specimens Collected (circle appropriate info):		blood	brain
Date Specimens Collected: _____		Lab to which specimen(s) sent: _____	
Vaccination History of Animal			
If unknown, please check box: <input type="checkbox"/>		If NOT vaccinated, please check box: <input type="checkbox"/>	
Vaccination:	Date of Vaccination:	Vaccination Given by: (circle appropriate info)	
EWT		vet	owner other: _____
Rabies		vet	owner other: _____
Rhino		vet	owner other: _____
EPM		vet	owner other: _____
BOT		vet	owner other: _____
Other: _____		vet	owner other: _____
WNV	Date of Initial Vaccination:	vet	owner other: _____
	Date of 2nd dose of initial series:	vet	owner other: _____
	Date of Booster:	vet	owner other: _____
Circle Name of WNV Product Used:		Ft. Dodge	Merial Other

Circle appropriate answers:

Does the animal have any possible bite wounds? Yes No

Have humans been bitten or exposed to saliva? Yes No

If yes, how many people were exposed? _____

Is the animal isolated from other animals? Yes No

Has a local health department been notified? Yes No

If yes, what county? _____

Are there other animals at this location? Yes No

If yes, please list species and number of each species: Species: _____ Number: _____

Species: _____ Number: _____ Species: _____ Number: _____

Are any of the other animals sick? Yes No

If yes, please list species and number sick: Species: _____ Number: _____

Species: _____ Number: _____ Species: _____ Number: _____