



State of New Jersey Department of Agriculture Division of Animal Health

Lab Use Only

PO Box 330, Trenton, NJ 08625 www.state.nj.us/agriculture

NEUROLOGIC WORKSHEET

Division Telephone: (609) 671-6400

Fax: (609) 671-6414

(Specimens submitted for testing become property of the laboratory and may be tested as part of Federal or State surveillance programs. Please contact the laboratory to discuss if private cremation of animal remains is desired.)

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	Died Date of death:		Euthanized Date euthanized:					
Date of Onset of Illness:			Date of Initial Veterinary Examination:					
Circle Signs Observed:	front ataxia	eating grain	rear ataxia	quad ataxia				
hindlimb weakness	agitation	hypersensitivity	aggression	inability to rise				
muscle fasciculation	anorexia	disorientation	hypermetria	stumbling/falling				
excessive sweating	circling	apprehension	vocalization	teeth grinding				
eating hay	star gazing	depression	other:					



Circle Types(s) of Treatment:		DMSO		corticosteroids		fluids					
		banamine		bute		anti-serum					
		antibiotics		other:							
Name of Animals											
Name of Animal:											
Laboratory Specimens Collected (circle appropriate info):			blood	brain	other:						
Date Specimens Collected:			Lab to which specimen(s) sent:								
VACCINATION HISTORY											
Is animal vaccinated (please circle one):			No	Unknown							
Vaccination: Date of Vaccination:			Vac	cination Given by:	· (circle :	annronriate info)					
EWT	Date of v	accination.	vet	owner	other:	appropriate inio;					
Rabies			vet	owner	other:						
Rhino			vet	owner	other:						
EPM			vet	owner	other:						
ВОТ			vet	owner	other:						
Other:			vet	owner	other:						
WNV	Date of Initial Vaccination:		vet	owner	other:						
WNV	Date of 2nd dose of initial series:		vet	owner	other:						
WNV	Date of Booster:		vet	owner	other:						
Brand Name of WNV Product Used:											
Circle appropriate answers:											
Does the animal have any possible bite wounds?			Yes		No						
Have humans been bitten or exposed to saliva? If yes, how many people were exposed?			Yes		No						
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 No						
If yes, please list species and number of each species:						Number:					
Species: Are any of the other animals s			Species: Yes		 No	Number:					
Are any or the other annificials s	1 63		NO								
If yes, please list species and number sick:			Species:			Number:					
Species:	Ni	ımher:	Species:			Number:					