



State of New Jersey  
 Department of Agriculture  
 Division of Animal Health  
 PO Box 330, Trenton, NJ 08625  
[www.state.nj.us/agriculture](http://www.state.nj.us/agriculture)

Telephone: (609) 292-3965

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**NEUROLOGIC DISEASE WORKSHEET**

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

<b>Name of Animal:</b>		
<b>Laboratory Specimens Collected</b> (circle appropriate info):                      blood                                      brain		
<b>Date Specimens Collected:</b> _____	<b>Lab to which specimen(s) sent:</b> _____	
<b>Vaccination History of Animal</b>		
If unknown, please check box: <input type="checkbox"/> If NOT vaccinated, please check box: <input type="checkbox"/>		
<b>Vaccination:</b>	<b>Date of Vaccination:</b>	<b>Vaccination Given by: (circle appropriate info)</b>
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: _____
WNV	Date of 2nd dose of initial series:	vet                      owner                      other: _____
WNV	Date of Booster:	vet                      owner                      other: _____
<b>Circle Name of WNV Product Used:</b> 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: \_\_\_\_\_