<table>
<thead>
<tr>
<th>Veterinarian Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone #:</td>
<td></td>
</tr>
<tr>
<td>Fax #:</td>
<td></td>
</tr>
<tr>
<td>Animal Owner’s Name</td>
<td>Owner's Phone #:</td>
</tr>
</tbody>
</table>

**LOCATION OF ANIMAL**

<table>
<thead>
<tr>
<th>Stable/Farm Name:</th>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal’s Travel History:</td>
<td>City/Municipality:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

**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  Euthanized

*Date of death:* __________________________  *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 Animal:**

**Laboratory Specimens Collected** (circle appropriate info): blood brain other:

**Date Specimens Collected:** _______________  **Lab to which specimen(s) sent:** _______________

## VACCINATION HISTORY

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date of Vaccination:</th>
<th>Vaccination Given by: (circle appropriate info)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EWT</td>
<td></td>
<td>vet owner other:</td>
</tr>
<tr>
<td>Rabies</td>
<td></td>
<td>vet owner other:</td>
</tr>
<tr>
<td>Rhino</td>
<td></td>
<td>vet owner other:</td>
</tr>
<tr>
<td>EPM</td>
<td></td>
<td>vet owner other:</td>
</tr>
<tr>
<td>BOT</td>
<td></td>
<td>vet owner other:</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>vet owner other:</td>
</tr>
<tr>
<td>WNV</td>
<td>Date of Initial Vaccination:</td>
<td>vet owner other:</td>
</tr>
<tr>
<td>WNV</td>
<td>Date of 2nd dose of initial series:</td>
<td>vet owner other:</td>
</tr>
<tr>
<td>WNV</td>
<td>Date of Booster:</td>
<td>vet owner other:</td>
</tr>
</tbody>
</table>

**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?**
  - 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: ____________