



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

Lab Use Only
Accession #:
Date:
Section:

NEUROLOGIC WORKSHEET

Telephone: (609) 671-6400

Fax: (609) 671-6413

(Specimens submitted for testing to the Animal Health Lab 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 <i>Date of death:</i> _____	Euthanized	<i>Date euthanized:</i> _____																														
Date of Onset of Illness:	Date of Initial Veterinary Examination:																																
<table border="0"> <tr> <td>Circle Signs Observed:</td> <td>front ataxia</td> <td>eating grain</td> <td>rear ataxia</td> <td>quad ataxia</td> </tr> <tr> <td></td> <td>hindlimb weakness</td> <td>agitation</td> <td>hypersensitivity</td> <td>aggression</td> </tr> <tr> <td></td> <td>inability to rise</td> <td>muscle fasciculation</td> <td>anorexia</td> <td>disorientation</td> </tr> <tr> <td></td> <td>stumbling/falling</td> <td>excessive sweating</td> <td>circling</td> <td>apprehension</td> </tr> <tr> <td></td> <td>teeth grinding</td> <td>eating hay</td> <td>star gazing</td> <td>depression</td> </tr> <tr> <td></td> <td></td> <td></td> <td>other:</td> <td></td> </tr> </table>				Circle Signs Observed:	front ataxia	eating grain	rear ataxia	quad ataxia		hindlimb weakness	agitation	hypersensitivity	aggression		inability to rise	muscle fasciculation	anorexia	disorientation		stumbling/falling	excessive sweating	circling	apprehension		teeth grinding	eating hay	star gazing	depression				other:	
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			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

Is animal vaccinated (please circle one): Yes No Unknown

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:
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? 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: _____