

Date of Report

**REPORT OF KNOWN OR SUSPECTED
 AVIAN CHLAMYDIOSIS (PSITTACOSIS)**

I. REPORTING VETERINARIAN		
Name	Telephone Number	
Agency		
Address		
II. BIRD OWNER		
Name	Telephone Number	
Address		
Other Birds on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exposure History to Other Birds? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date and Site of Exposure:
III. SOURCE OF BIRD		
Type of Bird	Date Purchased or Acquired	
Where Purchased/Acquired (Name of Pet Shop, Aviary or Person)	Telephone Number	
Address		
IV. CLINICAL SIGNS		
Date of Onset of Signs of Illness	Signs (<i>Check all that apply</i>)	
	<input type="checkbox"/> Bird Exhibiting No Symptoms <input type="checkbox"/> Nasal Discharge <input type="checkbox"/> Diarrhea <input type="checkbox"/> Anorexia <input type="checkbox"/> Ocular Discharge <input type="checkbox"/> Dyspnea <input type="checkbox"/> Ruffled Feathers <input type="checkbox"/> Lethargy <input type="checkbox"/> Green/Yellow Urates <input type="checkbox"/> Emaciation <input type="checkbox"/> Other _____	
V. DIAGNOSTIC TEST RESULTS		
Serology: Lab Where Test Performed: _____		
<input type="checkbox"/> Complement Fixation Titer <input type="checkbox"/> Elementary Body Agglutination <input type="checkbox"/> Immunofluorescent Antibody Titer Results: _____		
Pathology: Lab Where Test Performed: _____		
<input type="checkbox"/> Autopsy Whole Bird Results: _____ <input type="checkbox"/> Tissue Samples Results: _____		
Culture: Lab Where Test Performed: _____		
Specimen: _____ Results: _____		
Test for Antigen: Lab Where Test Performed: _____		
<input type="checkbox"/> Enzyme-Linked Immunosorbent Assay (ELISA) Results: _____ <input type="checkbox"/> Immunofluorescent Antibody Test (IFA) Results: _____ <input type="checkbox"/> Polymerase Chain Reaction (PCR) Results: _____		
Other: _____		
VI. ZOOONOTIC POTENTIAL		
Has veterinarian discussed zoonotic potential of disease with bird owners? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any persons exposed showing signs of Psittacosis-like illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List Names of Ill Persons:		

