

New Jersey Department of Health
ZOONOTIC DISEASE INCIDENT REPORT

FOR STATE USE ONLY
Report Number

LOCAL HEALTH DEPARTMENT INFORMATION

Name of Local Health Department	Date of Report
Name of Contact Person	Telephone Number
Street Address	PO Box, Apt., Suite
City	Zip Code
	Cell Phone Number
	Email Address

PERSON REPORTING

Name (First, Last)	Affiliation (Vet, etc.)	Telephone Number
Street Address	PO Box, Apt., Suite	Cell Phone Number
City	Zip Code	Email Address

ANIMAL OWNER INFORMATION

Name of Owner (First, Last)	Telephone Number
Street Address	PO Box, Apt., Suite
City	Zip Code
	Cell Phone Number
	Email Address

ANIMAL FACILITY INFORMATION (IF APPLICABLE)

Name of Animal Facility	Telephone Number
Street Address	PO Box, Apt., Suite
City	Zip Code
	Cell Phone Number
	Email Address

DISEASE REPORT DETAILS

<p>Disease</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anthrax <input type="checkbox"/> Avian Chlamydiosis <i>(Chlamydoiphila psittaci)</i> <input type="checkbox"/> <i>Brucella canis</i> <input type="checkbox"/> Campylobacteriosis <input type="checkbox"/> <i>Escherichia coli</i> shiga toxin producing strains (STEC) <input type="checkbox"/> Leishmaniasis </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Lymphocytic Choriomeningitis <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> <input type="checkbox"/> Plague (<i>Yersinia pestis</i>) <input type="checkbox"/> Q Fever (<i>Coxiella burnetti</i>) <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Tularemia (<i>Franscisella tularensis</i>) <input type="checkbox"/> Other: _____ </td> </tr> </table>	<input type="checkbox"/> Anthrax <input type="checkbox"/> Avian Chlamydiosis <i>(Chlamydoiphila psittaci)</i> <input type="checkbox"/> <i>Brucella canis</i> <input type="checkbox"/> Campylobacteriosis <input type="checkbox"/> <i>Escherichia coli</i> shiga toxin producing strains (STEC) <input type="checkbox"/> Leishmaniasis	<input type="checkbox"/> Leptospirosis <input type="checkbox"/> Lymphocytic Choriomeningitis <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> <input type="checkbox"/> Plague (<i>Yersinia pestis</i>) <input type="checkbox"/> Q Fever (<i>Coxiella burnetti</i>) <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Tularemia (<i>Franscisella tularensis</i>) <input type="checkbox"/> Other: _____	<p>Check if appropriate:</p> <input type="checkbox"/> Outbreak (observed cases in excess of expected) <input type="checkbox"/> Disease Agent is Unknown Number of Cases: _____
<input type="checkbox"/> Anthrax <input type="checkbox"/> Avian Chlamydiosis <i>(Chlamydoiphila psittaci)</i> <input type="checkbox"/> <i>Brucella canis</i> <input type="checkbox"/> Campylobacteriosis <input type="checkbox"/> <i>Escherichia coli</i> shiga toxin producing strains (STEC) <input type="checkbox"/> Leishmaniasis	<input type="checkbox"/> Leptospirosis <input type="checkbox"/> Lymphocytic Choriomeningitis <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> <input type="checkbox"/> Plague (<i>Yersinia pestis</i>) <input type="checkbox"/> Q Fever (<i>Coxiella burnetti</i>) <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Tularemia (<i>Franscisella tularensis</i>) <input type="checkbox"/> Other: _____		

**ZOONOTIC DISEASE INCIDENT REPORT
(Continued)**

ANIMALS HOUSED ON PREMISES (Please provide the following information regarding additional animals on the premises or in the household)					
Species	Number Housed on Premises	Number Sick	Additional Information		
Dog					
Cat					
Pet Birds					
Ferret					
Other:					
CASE SPECIFIC INFORMATION [Complete for index (first) case on premises or in outbreak; use Continuation Sheets for additional cases.]					
Animal Name (or ID)		Animal Age	Animal Sex	Animal Breed	Animal Color
Illness Onset Date	Clinical Signs				
Date of First Visit to Vet					
Name, Address and Telephone Number of Veterinarian (if not provided on Page 1)					
Relevant History			Treatment		
Outcome <input type="checkbox"/> Survived <input type="checkbox"/> Euthanized <input type="checkbox"/> Died		Date	Postmortem Exam Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date Performed
LABORATORY TEST RESULTS					
Name of Laboratory					
Organism/Agent	Lab Result/Value	Type of Test Performed	Specimen Type	Date Obtained	
Comments					

**ZOONOTIC DISEASE INCIDENT REPORT
(Continued)**

COMPLETE THIS SECTION ONLY IF ANIMAL WAS PURCHASED WITHIN SIX (6) MONTHS OF DISEASE ONSET			
Place Animal Purchased or Acquired			Date Animal Purchased or Acquired
Street Address			Telephone Number
City	State	Zip Code	
Type of Facility <input type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop <input type="checkbox"/> Shelter <input type="checkbox"/> Pound <input type="checkbox"/> Private Individual (specify): _____			

HUMAN EXPOSURE / ILLNESS	
Number of Persons Exposed to Animal	Number of Persons Ill
CDRSS Case ID's of Human Cases Linked to Animal Case	
Name, Address and Telephone Number of Physician (if seen)	
Comments / Updates	

ZOO NOTIC DISEASE INCIDENT REPORT CONTINUATION SHEET

CASE SPECIFIC INFORMATION (Complete a separate form for each sick animal.)				
Animal Name (or ID)	Animal Age	Animal Sex	Animal Breed	Animal Color
Illness Onset Date	Clinical Signs			
Date of First Visit to Vet				
Relevant History		Treatment		
Outcome <input type="checkbox"/> Survived <input type="checkbox"/> Euthanized <input type="checkbox"/> Died		Date	Postmortem Exam Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Performed
LABORATORY TEST RESULTS				
Name of Laboratory				
Organism/Agent	Lab Result/Value	Type of Test Performed	Specimen Type	Date Obtained
Comments				