

## Oregon Veterinary Zoonoses Reporting

Updated March 2017



Date: ____/____/____		Veterinarian:		Phone:	
Pet name:		Onset of illness: ____/____/____		Owner name:	
Disease ( check all that apply): <input type="checkbox"/> Anthrax <input type="checkbox"/> <i>Bartonella</i> <input type="checkbox"/> <i>Baylisascaris</i> <input type="checkbox"/> Campylobacteriosis <input type="checkbox"/> <i>Cryptococcus</i> <input type="checkbox"/> Coccidioidomycosis <input type="checkbox"/> Cryptosporidiosis <input type="checkbox"/> <i>E. coli</i> O157:H7 <input type="checkbox"/> Giardiasis <input type="checkbox"/> H1N1 or any other influenza <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Lymphocytic choriomeningitis		<input type="checkbox"/> Lyme disease <input type="checkbox"/> Plague <input type="checkbox"/> Psittacosis <input type="checkbox"/> Q fever <input type="checkbox"/> Ringworm <input type="checkbox"/> Rocky Mountain spotted fever <input type="checkbox"/> Salmonellosis <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Tularemia <input type="checkbox"/> West Nile virus		In-house testing (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If the test was confirmed by a private veterinary laboratory, there is no need to report!</i>  Was it confirmed at a lab? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> IDEXX <input type="checkbox"/> ANTECH <input type="checkbox"/> OSU/VDL <input type="checkbox"/> Other  Type of test (describe) _____	
Other disease of public health importance: (such as MRSA)					
Species (circle one):		Other		Age	
		_____		<input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
City:		County:		Zip:	

**Please fax completed information to 971-673-1100, Attn: Emilio DeBess, DVM**

## Oregon Reporting Diseases of Veterinary Importance

Updated: May 2019



Date: ____/____/____		Veterinarian:		Phone:	
Pet name:		Onset of illness: ____/____/____		Owner name:	
Disease ( check all that apply): <input type="checkbox"/> Animal influenza <input type="checkbox"/> Coccidiosis <input type="checkbox"/> Distemper <input type="checkbox"/> FELV <input type="checkbox"/> FIP <input type="checkbox"/> FIV <input type="checkbox"/> Fungal diseases (systemic)		<input type="checkbox"/> Heartworm (local or imported ) <input type="checkbox"/> Parvovirus <input type="checkbox"/> Salmon poisoning <input type="checkbox"/> Scabies  In case of imported disease, from what state or country _____		In-house testing (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Was it confirmed at a lab?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> IDEXX <input type="checkbox"/> ANTECH <input type="checkbox"/> OSU/VDL <input type="checkbox"/> Other  Type of test (describe) _____	
Other disease of public health importance: (such as MRSA)					
Species (circle one):		Other		Age	
		_____		<input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	
City:		County:		Zip:	

**Please fax completed information to 971-673-1100, Attn: Emilio DeBess, DVM**