

**New Jersey Department of Health  
ZOOBOTIC DISEASE INCIDENT REPORT**

<b>FOR STATE USE ONLY</b>
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> <input type="checkbox"/> Anthrax <input type="checkbox"/> Avian Chlamydiosis <i>(Chlamydomphila 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: _____
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**ZOONOTIC DISEASE INCIDENT REPORT  
(Continued)**

<b>ANIMALS HOUSED ON PREMISES</b> (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:					
<b>CASE SPECIFIC INFORMATION</b> [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	
<b>LABORATORY TEST RESULTS</b>					
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				