

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: _____
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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: _____

Are any of the other animals sick? Yes No

If yes, please list species and number sick:

Species: _____ Number: _____ Species: _____ Number: _____