



UTAH DEPARTMENT OF AGRICULTURE AND FOOD  
HEARTWORM CASE REPORT FORM

CANINE

FELINE

Date: \_\_\_\_\_ Recorded by: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_

Address (physical): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: Intact male  Intact female  Neutered male  Spayed female

Native to Utah: Yes  No  Unknown

If no, where is the animal from? \_\_\_\_\_

Has animal traveled out of state: Yes  No  Unknown

If yes, where? \_\_\_\_\_

Is animal symptomatic? Yes  No

If yes, date of onset of symptoms \_\_\_\_\_

Is animal on heartworm preventative? Yes  No

Test results: Antigen Positive  Negative

Microfilaria Positive  Negative

Other \_\_\_\_\_ Positive  Negative

Disposition of case: Treated  Euthanized  Undecided