

# REPORTABLE DISEASE CASE REPORT FORM

## Utah Department of Agriculture and Food Division of Animal Industry

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

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

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

Address: \_\_\_\_\_

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

SPECIES: \_\_\_\_\_

Number of Animals Involved: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Name or ID Number: \_\_\_\_\_

Address where animal is located: \_\_\_\_\_

DISEASE: \_\_\_\_\_

TESTS: \_\_\_\_\_

Other Tests: \_\_\_\_\_

Treated:      YES    NO                      Euthanized:              YES    NO

Other animal(s) on premises: \_\_\_\_\_

TO REPORT:              Utah State Department of Agriculture and Food  
                                 Division of Animal Industry  
                                 350 N Redwood Rd, P.O. Box 146500  
                                 Salt Lake City, UT 84114-6500  
                                 Phone: (801) 538-7161  
                                 FAX: (801) 538-7169