UTAH DEPARTMENT OF AGRICULTURE AND FOOD
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EQUINE NEUROLOGICAL DISEASE CASE REPORT FORM

Please complete and send with samples to the Utah Veterinary Diagnostic Laboratory

Date:	**Completed By:**	**Accession number (lab use only):**
Owner's Name: (Last) (First)	**Owner's Telephone #:**	**County where horse resides:** Beaver
Owner's Address:	**City:**	**Zip Code:**
Address where horse resides:	**City:**	**Zip Code:**
Closest cross streets:	**GPS coordinates:**	
Veterinarian:	**Veterinarian Telephone #:**	**Veterinarian FAX #:**
Horse's Name:	**Age:**	**Gender:** ☐ Mare ☐ Gelding ☐ Stallion
Breed: _____ Color: _____		
Clinical diagnosis or suspected condition(s):		**Date of onset:**

Number of horses on farm: _____

Number of horses showing neurological signs: _____

Has the horse traveled in the previous 30 days?

In-state travel? ☐ Yes ☐ No

Date _____ Location _____

Out-of-state travel? ☐ Yes ☐ No

Date _____ Location _____

What is horse used for?

Vaccination status:

WNV	☐ Yes	☐ No	Date _____
WEE	☐ Yes	☐ No	Date _____
EEE	☐ Yes	☐ No	Date _____
VEE	☐ Yes	☐ No	Date _____
Rabies	☐ Yes	☐ No	Date _____

Animal status:

☐ Dead ☐ Alive ☐ Euthanized ☐ Recovering

Specimen type submitted to lab and date collected:

☐ Serum (Acute) Red Top	Date _____
☐ Serum (Convalescent) Red Top	Date _____
☐ Nasal swab	Date _____
☐ Whole blood (Purple Top)	Date _____
☐ CSF	Date _____
☐ Brain/CNS Tissue	Date _____
☐ Other _____	Date _____

What animals has horse had contact with?

☐ Horses ☐ Cattle ☐ Sheep ☐ Goats
☐ Swine ☐ Poultry ☐ Wildlife
☐ Other _____

If mare, is she pregnant?

☐ Yes ☐ No ☐ Unknown

Where is horse housed? (check all that apply)

☐ Stable ☐ Pasture ☐ Dry paddock
☐ Other _____

Clinical signs: (check all that apply)

☐ Weakness ☐ Ataxia
☐ Abnormal mentation
☐ Fever Max temp. _____
☐ Fasciculation
☐ Anorexia
☐ Cranial Nerve Deficits
☐ Flaccid paralysis
☐ Teeth grinding
☐ Unable to rise
☐ Other