



Report of Zoonotic Disease in Animals

Disease: _____ Species: _____ Breed: _____ Age: _____ Sex: _____ County where animal resides: _____ Date of Diagnosis: _____ Diagnosis based on (circle): Clinical Signs Lab Findings If lab findings used, specify test and result: _____ Was owner counseled about zoonotic disease risk (Circle one)? YES NO UNKNOWN
Reporting Veterinarian: _____ Clinic Phone: _____ Clinic Address: _____ City: _____ ZIP: _____
Owner's Name: _____ Phone: _____ Address: _____ City: _____ ZIP: _____
Additional Information (Optional):
DSHS Use Only
Date Completed: _____ ZCG Representative: _____ HSR# _____
Zooform, Oct 05

Mail to: Regional Veterinarian
or
Zoonosis Control Group
Mail Code 1956
1100 W 49th St. Austin, TX 78756

OR

Fax to: Regional Veterinarian
or
Zoonosis Control Group
(512) 458-7454