



## 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# _____
<b>Zooform, Oct 05</b>		

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

**OR**

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