TEXAS Health and Human Services | Texas Department of State Health Services

☐ Eastern Equine Encephalitis Virus
☐ Western Equine Encephalitis Virus
☐ West Nile Virus
☐ Other Arbovirus: _____

Animal Arboviral Disease Report

DSHS Case Number: _____

PLEASE PRINT LEGIBLY

☐ Confirmed ☐ Probable

Animal Information

Animal's Name: _____ Species: _____

Age: _____ years _____ months Sex: ☐ Male ☐ Female ☐ Unknown

Identification (Equine Cases Only): ☐ Stallion ☐ Gelding ☐ Mare ☐ Unknown

Public Health Region (PHR): _____ Animal's County of Residence: _____

Animal's Location (Address, City, State, Zip): _____

Longitude: _____ Latitude: _____

Contact Information

Owner's Name: _____ Owner's County of Residence: _____

Owner's Physical Address (Address, City, State, Zip): _____

Cell Phone: _____ Other Phone: _____ Email: _____

Veterinarian Name: _____ Clinic Name: _____

Phone: _____ Fax: _____ Email: _____

Veterinarian Address (Address, City, State, Zip): _____

Clinical Evidence

Date of Illness Onset ____/____/_____

Fever _____°F	☐ Yes	☐ No	☐ Unknown
Anxiety	☐ Yes	☐ No	☐ Unknown
Lameness	☐ Yes	☐ No	☐ Unknown
Impaired vision	☐ Yes	☐ No	☐ Unknown
Muzzle twitching	☐ Yes	☐ No	☐ Unknown
Trembling	☐ Yes	☐ No	☐ Unknown
Inability to swallow	☐ Yes	☐ No	☐ Unknown
Facial/lip paralysis	☐ Yes	☐ No	☐ Unknown

Inability to rise/stand	☐ Yes	☐ No	☐ Unknown
Incoordination/ataxia	☐ Yes	☐ No	☐ Unknown
Irregular gait	☐ Yes	☐ No	☐ Unknown
Weakness	☐ Yes	☐ No	☐ Unknown
Muscle Contractions	☐ Yes	☐ No	☐ Unknown
Paralysis	☐ Yes	☐ No	☐ Unknown
Convulsions	☐ Yes	☐ No	☐ Unknown
Did patient die?	☐ Yes	☐ No	☐ Unknown
If yes:	☐ Natural/DOA	☐ Euthanized	

Date of Death: ____/____/_____

Epidemiology

Did the patient travel outside of animal's county of residence in the 15 days prior to illness onset?

☐ Yes ☐ No ☐ Unknown

If yes, provide date of travel and locations: _____

Is case thought to be imported from outside of Texas?

☐ Yes ☐ No ☐ Unknown

If yes, from where: _____

For equines only: Was the patient vaccinated for any of the following arboviruses?

West Nile Virus (WNV)	☐ Yes	☐ No	☐ Unknown	If yes, date: ____/____/_____
Eastern Equine Encephalitis Virus (EEE)	☐ Yes	☐ No	☐ Unknown	If yes, date: ____/____/_____
Western Equine Encephalitis Virus (WEE)	☐ Yes	☐ No	☐ Unknown	If yes, date: ____/____/_____
Venezuelan Equine Encephalitis Virus (VEE)	☐ Yes	☐ No	☐ Unknown	If yes, date: ____/____/_____

DSHS Case Number: _____

Laboratory Findings				
Test	**Date Collected**	**Source**	**Result**	**Interpretation**
				☐ Positive ☐ Negative
				☐ Positive ☐ Negative
				☐ Positive ☐ Negative
				☐ Positive ☐ Negative

Comments or Other Pertinent Epidemiological Data

Completed by Investigating Agency

Date First Reported: ____/____/_____ Investigation: Started ____/____/_____ Completed ____/____/_____

Reporting Facility: _____

Name of Investigator: _____ Date Entered into ZC Database: ____/____/_____

PHR Office: _____ Phone: _____ E-Mail: _____