

Reportable Disease Form



**West Virginia Department of Agriculture
Animal Health Division**
1900 Kanawha Blvd E
Charleston, WV 25305
Phone: 304-558-2214
FAX: 304-558-2231

Date: _____

Reporting Veterinarian:

Last Name	First Name	Clinic/Hospital Name	County	Telephone	Fax
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Disease Information

Disease: _____ Check one of the following: Suspected _____ Confirmed _____

Species affected: _____ Number of animals affected: _____ Onset date: _____

Age of affected animals: _____ Gender: _____ Breed: _____

Diseased animal(s) location information:

Address	County
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Owner:

Name	Address	Telephone
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Diagnostic Information

Tests performed: _____ Laboratory (in-house, other): _____

Additional Information

Animal(s) treated: Yes ___ No ___ Animal(s) euthanized: Yes ___ No ___

Other animals on premises: Yes ___ No ___ History of commingling/travel: Yes ___ No ___