

CANINE BRUCELLOSIS CASE REPORT FORM

Colorado Department of Agriculture
 Animal Health Division
 305 Interlocken Parkway
 Broomfield, CO 80021-3484

Phone: (303)869-9130
 Fax: (303)466-8515
 Hours: Mon – Fri 8am – 5pm

After hours: Phone message will indicate staff veterinarian on call

Veterinarian:		Clinic:		Date:	
DVM Phone:			DVM Email:		
Owner Name:			Owner Phone:		
Owner Address:			Owner Email:		
Animal Name:			Breed:		
Age:	Sex:	If female, pregnant?	Yes	No	
Animal Address (if different than owner):				County:	
Has <i>B. canis</i> been diagnosed? Yes No <i>If yes, email or fax results to CDA.</i>					
What was the reason for testing? Breeding soundness Discospondylitis Other					
What tests were done? Antibody Tube agglutination Blood culture Other <i>Recommend tube agglutination and blood culture be submitted to RMRAHL for confirmatory testing.</i>					
Date Submitted:			Laboratory:		
Clinical signs:			Date of onset:		
History:					
Used for breeding?		Yes	No	Number of dogs potentially exposed:	
Housed at: Private residence Kennel Boarding facility Rescue facility <i>CDA will contact PACFA if kennel, boarding, or rescue.</i>					
Any exposure to the following? Elderly Young children Immunocompromised <i>Recommend they contact their physician, and their local public health department or CDPHE (303)692-2700.</i>					
Treatment initiated?:		Yes	No	Euthanized:	Yes No



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