

# EQUINE NEUROLOGICAL DISEASE 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:                           |                                   |                          |
| Horse Name:  |         |  | ID (microchip, tattoo, brand):         |                                   |                          |
| Age:   | Sex:    |  | If mare, is she pregnant?    Yes    No |                                   |                          |
| Breed:   |         | Color:                                 |  | Horse's purpose:                  |                          |
| Horse Address (if different than owner):               |         |  |  | County:                           |                          |
| Number of horses on farm:                              |         |  | Number with neurological signs:        |                                   |                          |
| Type of Premises:                                      |         |  | Operation purpose:                     |                                   |                          |
| Clinical diagnosis or suspected conditions:            |         |  |  | Date of onset:                    |                          |
| History:   |         | Clinical signs: (check all that apply) |  |                                   |                          |
|  |         | Weakness                               |  | Abnormal Mentation                | Cranial Nerve Deficits   |
|  |         | Ataxia                                 |  | Flaccid Paralysis                 | Fasciculation            |
|  |         | Anorexia                               |  | Unable to Rise                    | Other:                   |
|  |         | Teeth Grinding                         |  | Fever - what was the Max Temp *F? |                          |
| Animal Status:   |         | Dead                                   | Alive                                  | Euthanized                        | Recovering               |
| Treatment initiated:                                   |         | Yes                                    | No                                     | If yes, summarize treatment:      |                          |
| Has the horse traveled in the previous 30 days?        |         |  | Vaccination Status:                    |                                   |                          |
| In State Travel?    Yes    No                          |         | Out-of-state travel?    Yes    No      |  | WNV    Yes    No    Date          | WEE    Yes    No    Date |
| Date   |         | Date                                   |  | EEE    Yes    No    Date          | VEE    Yes    No    Date |
| Location   |         | Location                               |  | Rabies    Yes    No    Date       |                          |
| What animals has the horse had contact with?           |         |  |  | Where is the horse housed?        |                          |
| Horses   | Cattle  | Sheep                                  | Goats                                  | Stable                            | Pasture                  |
| Swine  | Poultry | Wildlife                               | Other:                                 | Dry Paddock                       | Other:                   |
| Specimen type submitted to lab: (check all that apply) |         |  |  |                                   |                          |
| Serum (Acute) Red Top                                  |         | Serum (Convalescent) Red               |  | Whole blood (Purple Top)          |                          |
| Nasal Swab   |         | Top /CNS Tissue                        |  | Other:                            |                          |
| Number of animals sampled:                             |         |  |  |                                   |                          |
| Date Submitted:  |         |  | Laboratory:                            |                                   |                          |



**COLORADO**  
 Department of Agriculture  
 Animal Health Division