

## 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  
Email: [animalhealth@state.co.us](mailto:animalhealth@state.co.us)

**After hours: Phone message will indicate staff veterinarian on call**

Veterinarian:		Clinic:		Date:		
DVM Phone:			DVM Email:			
Animal 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	Max Temp:	
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		
Date		Date		WEE    Yes    No    Date		
Location		Location		EEE    Yes    No    Date		
				VEE    Yes    No    Date		
				Rabies    Yes    No    Date		
What animals has the horse had contact with?				Where is the horse housed?		
Horses		Cattle	Sheep	Goats	Stable	
Swine		Poultry	Wildlife	Other:	Pasture	
				Dry Paddock		
				Other:		
Specimen type submitted to lab: (check all that apply)						
Serum (Acute) Red Top		Serum (Convalescent) Red Top		Whole blood (Purple Top)		
Nasal Swab		Brain/CNS Tissue		Other:		
Number of animals sampled:						
Date Submitted:			Laboratory:			

