

REPORTABLE 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:
Veterinarian Phone:			Veterinarian Email:	
Animal Owner:			Owner Phone:	
Owner Address:			Owner Email:	
Species:			Breed:	
Age:	Sex:	Animal Purpose:		
Animal Name (if applicable):			Official ID:	
Animal Address (if different than owner):				County:
Clinical diagnosis or suspected conditions:				
Clinical signs:			Date of onset:	
History:				
Treatment:	Yes	No	If yes, summarize treatment:	
Animal Status:	Alive	Dead	Euthanized	Recovering
Number (and species) of animals affected:				
Other animals on premises:				
Tests requested:				
Date Submitted:			Laboratory:	



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