



CANINE DISTEMPER VIRUS

REPORTING FORM

Veterinarian/Clinic Information

Veterinarian:		Date:
Phone:	Email:	

Patient/Owner Information

Owner Name:	City:	County:
May we contact the owner if more information is needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:
Patient Name:		Breed:
Age:	Sex:	

Clinical Information

Onset of Illness:	Symptoms Observed:	
Diagnosis: <input type="checkbox"/> Clinical <input type="checkbox"/> Laboratory	<input type="checkbox"/> Fever	<input type="checkbox"/> Involuntary Twitching
Lab: <input type="checkbox"/> Test: <input type="checkbox"/>	<input type="checkbox"/> Leukopenia	<input type="checkbox"/> Paresis/paralysis
Additional Observations:	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Convulsions
	<input type="checkbox"/> Nasal Discharge	<input type="checkbox"/> Ataxia
	<input type="checkbox"/> Occular Discharge	<input type="checkbox"/> Hyperkeratosis of footpads
	<input type="checkbox"/> GI Signs	
	<input type="checkbox"/> Respiratory Signs	

Patient History

Was patient adopted from a shelter/rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelter/Rescue:	Adoption Date:
Does patient have a history of travel to/from other states? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where to:	Date:
Additional History:	

Return form to Oregon Department of Agriculture/Ryan Scholz | Fax: 503-986-4734 | rscholz@oda.state.or.us