



EQUINE ENCEPHALITIS REPORTING FORM

2013 Calls for Equine Neuro-Invasive Diseases
 (May be modified as needed for other species)

Name of Owner:		Date:	
Address of Owner:		Parish:	
City:		State:	Zip:
Name of Horse:		Age:	
Breed:	Sex: <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare		
Address of horse location:		Parish Where Animal Resides:	
City:		State:	Zip:
Vaccination Status	<input type="checkbox"/> Previously vaccinated? If so, when? <input type="checkbox"/> Not up to date? <input type="checkbox"/> Never vaccinated? <input type="checkbox"/> Was the series completed?		
Did it live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you euthanize the horse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did it die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was blood taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Pertinent Data or Comments:			
Veterinarian:		E-Mail:	
Phone:		Fax:	

Submit on Suspicion of Disease
Return by FAX or E-Mail to: (225) 237-5555 or vetreports@ldaf.state.la.us