

**New Jersey Department of Health  
ZOOBOTIC DISEASE INCIDENT REPORT**

|                           |
|---------------------------|
| <b>FOR STATE USE ONLY</b> |
| Report Number             |

**LOCAL HEALTH DEPARTMENT INFORMATION**

|                                 |                     |
|---------------------------------|---------------------|
| Name of Local Health Department | Date of Report      |
| Name of Contact Person          | Telephone Number    |
| Street Address                  | PO Box, Apt., Suite |
| City                            | Zip Code            |
|                                 | Cell Phone Number   |
|                                 | Email Address       |

**PERSON REPORTING**

|                    |                         |                   |
|--------------------|-------------------------|-------------------|
| Name (First, Last) | Affiliation (Vet, etc.) | Telephone Number  |
| Street Address     | PO Box, Apt., Suite     | Cell Phone Number |
| City               | Zip Code                | Email Address     |

**ANIMAL OWNER INFORMATION**

|                             |                     |
|-----------------------------|---------------------|
| Name of Owner (First, Last) | Telephone Number    |
| Street Address              | PO Box, Apt., Suite |
| City                        | Zip Code            |
|                             | Cell Phone Number   |
|                             | Email Address       |

**ANIMAL FACILITY INFORMATION (IF APPLICABLE)**

|                         |                     |
|-------------------------|---------------------|
| Name of Animal Facility | Telephone Number    |
| Street Address          | PO Box, Apt., Suite |
| City                    | Zip Code            |
|                         | Cell Phone Number   |
|                         | Email Address       |

**DISEASE REPORT DETAILS**

|   |  |  |
|---|--|--|
| <p>Disease</p> <input type="checkbox"/> Anthrax<br><input type="checkbox"/> Avian Chlamydiosis<br><i>(Chlamydoiphila psittaci)</i><br><input type="checkbox"/> <i>Brucella canis</i><br><input type="checkbox"/> Campylobacteriosis<br><input type="checkbox"/> <i>Escherichia coli</i> shiga toxin<br>producing strains (STEC)<br><input type="checkbox"/> Leishmaniasis | <input type="checkbox"/> Leptospirosis<br><input type="checkbox"/> Lymphocytic Choriomeningitis<br><input type="checkbox"/> <i>Mycobacterium tuberculosis</i><br><input type="checkbox"/> Plague ( <i>Yersinia pestis</i> )<br><input type="checkbox"/> Q Fever ( <i>Coxiella burnetti</i> )<br><input type="checkbox"/> Salmonellosis<br><input type="checkbox"/> Tularemia ( <i>Franscisella tularensis</i> )<br><input type="checkbox"/> Other: _____ | <p>Check if appropriate:</p> <input type="checkbox"/> Outbreak<br>(observed cases in excess<br>of expected)<br><input type="checkbox"/> Disease Agent is Unknown<br><br>Number of Cases: _____ |
|---|--|--|

**ZOONOTIC DISEASE INCIDENT REPORT**  
(Continued)

| <b>ANIMALS HOUSED ON PREMISES</b><br>(Please provide the following information regarding additional animals on the premises or in the household) |                           |                        |  |                        |              |
|--|---------------------------|------------------------|--|------------------------|--------------|
| Species  | Number Housed on Premises | Number Sick            | Additional Information   |                        |              |
| Dog  |                           |                        |  |                        |              |
| Cat  |                           |                        |  |                        |              |
| Pet Birds  |                           |                        |  |                        |              |
| Ferret   |                           |                        |  |                        |              |
| Other:   |                           |                        |  |                        |              |
|  |                           |                        |  |                        |              |
| <b>CASE SPECIFIC INFORMATION</b><br>[Complete for index (first) case on premises or in outbreak; use Continuation Sheets for additional cases.]  |                           |                        |  |                        |              |
| Animal Name (or ID)  |                           | Animal Age             | Animal Sex   | Animal Breed           | Animal Color |
| Illness Onset Date   | Clinical Signs            |                        |  |                        |              |
| Date of First Visit to Vet   |                           |                        |  |                        |              |
| Name, Address and Telephone Number of Veterinarian (if not provided on Page 1)   |                           |                        |  |                        |              |
| Relevant History   |                           |                        | Treatment  |                        |              |
| Outcome<br><input type="checkbox"/> Survived <input type="checkbox"/> Euthanized <input type="checkbox"/> Died                                   |                           | Date                   | Postmortem Exam Performed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Date Performed |              |
| <b>LABORATORY TEST RESULTS</b>   |                           |                        |  |                        |              |
| Name of Laboratory   |                           |                        |  |                        |              |
| Organism/Agent   | Lab Result/Value          | Type of Test Performed | Specimen Type  | Date Obtained          |              |
|  |                           |                        |  |                        |              |
|  |                           |                        |  |                        |              |
|  |                           |                        |  |                        |              |
|  |                           |                        |  |                        |              |
|  |                           |                        |  |                        |              |
| Comments   |                           |                        |  |                        |              |

**ZOONOTIC DISEASE INCIDENT REPORT  
(Continued)**

| COMPLETE THIS SECTION ONLY IF ANIMAL WAS PURCHASED WITHIN SIX (6) MONTHS OF DISEASE ONSET  |       |                                   |  |
|--|-------|-----------------------------------|--|
| Place Animal Purchased or Acquired   |       | Date Animal Purchased or Acquired |  |
| Street Address   |       | Telephone Number                  |  |
| City   | State | Zip Code                          |  |
| Type of Facility<br><input type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop <input type="checkbox"/> Shelter <input type="checkbox"/> Pound <input type="checkbox"/> Private Individual (specify): _____ |       |                                   |  |

| HUMAN EXPOSURE / ILLNESS                                  |                       |
|---|-----------------------|
| Number of Persons Exposed to Animal                       | Number of Persons Ill |
| CDRSS Case ID's of Human Cases Linked to Animal Case      |                       |
| Name, Address and Telephone Number of Physician (if seen) |                       |
| Comments / Updates  |                       |

## ZOO NOTIC DISEASE INCIDENT REPORT CONTINUATION SHEET

| CASE SPECIFIC INFORMATION<br>(Complete a separate form for each sick animal.)                                  |                  |                        |  |                        |
|--|------------------|------------------------|--|------------------------|
| Animal Name (or ID)  | Animal Age       | Animal Sex             | Animal Breed   | Animal Color           |
| Illness Onset Date   | Clinical Signs   |                        |  |                        |
| Date of First Visit to Vet   |                  |                        |  |                        |
| Relevant History   |                  | Treatment              |  |                        |
| Outcome<br><input type="checkbox"/> Survived <input type="checkbox"/> Euthanized <input type="checkbox"/> Died |                  | Date                   | Postmortem Exam Performed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Date Performed |
| LABORATORY TEST RESULTS  |                  |                        |  |                        |
| Name of Laboratory   |                  |                        |  |                        |
| Organism/Agent   | Lab Result/Value | Type of Test Performed | Specimen Type  | Date Obtained          |
|  |                  |                        |  |                        |
|  |                  |                        |  |                        |
|  |                  |                        |  |                        |
|  |                  |                        |  |                        |
|  |                  |                        |  |                        |
|  |                  |                        |  |                        |
|  |                  |                        |  |                        |
| Comments   |                  |                        |  |                        |