

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

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

Veterinarian:		Clinic:		Date:
Veterinarian Phone:			Veterinarian Email:	
Animal Owner Name:			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:
<b>Clinical diagnosis or suspected condition:</b>				
Date of onset:				
Clinical Signs/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:	

