

VETERINARY HARMFUL ALGAL BLOOM (HAB) CASE REPORT FORM

Please include any relevant medical records or test results with this report. Additionally, please inform the animal's owner that we might contact them for more information about their animal's exposure.

DEMOGRAPHIC INFORMATION

Owner name: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____
Phone (1): _____ Phone (2): _____
Animal name or ID: _____ Species: _____
Breed: _____ Age: _____ Weight (lbs): _____ Gender: M F
Reporter: _____ Reporting date: ____/____/____
Hospital/Clinic: _____ Clinic phone: _____

ILLNESS HISTORY

Onset date: ____/____/____ Recovery date: ____/____/____ Presentation: _____
 Dark urine Jaundice Fever max temp: _____ °F
 Anorexia Vomiting Diarrhea # of stools/24hrs: _____
 Pale mucous membranes Cough Rash Location: _____
 Rapid breathing Drooling Lameness Describe: _____
 Lethargy Shock Paralysis/Paresis Describe: _____
 Seizure Other: _____

EXPOSURE

Name of waterbody: _____
Location on waterbody: _____ Closest city: _____
Last date of exposure: ____/____/____ Time: _____ to _____

LABORATORY INFORMATION

Lab name: _____
Was a complete blood count test performed? Yes No Collection date: ____/____/____
Results: _____
Was a serum chemistry panel performed? Yes No Collection date: ____/____/____
Results: _____
Was a toxin identification test performed? Yes No Collection date: ____/____/____
Toxin identified: _____ Specimen type: _____
Lab test(s) performed: _____
Lab name (if different from above): _____

OUTCOME & TREATMENT

Describe any treatment that was given: _____
Was the animal hospitalized? Yes No Admit date: ____/____/____ Discharge date: ____/____/____
Did the animal die? Yes No If yes, date: ____/____/____
Did the animal die as a result of HAB illness? Yes No Was the animal euthanized? Yes No
Was a necropsy performed? Yes No If yes, date: ____/____/____
Describe the findings: _____

