VETERINARY SMALL ANIMAL HARMFUL ALGAL BLOOM (HAB) CASE REPORT FORM

Revised 6/2014

DEMOGRAPHIC INFORMATION

Owner Name:	Age: Weight (lbs):
Pet Name:	Gender: ☐M ☐F
Species: Breed:	Pet is primarily: ☐Indoors ☐Outdoors ☐Both
Address:	Veterinarian:
City: Zip:	Clinic Name:
Phone (1): (2):	Clinic Phone:

ILLNESS HISTORY

Onset date:____/____/____ Recovery date:____/____/___ Presentation: ☐BAR ☐Recumbent ☐Comatose ☐Deceased

Fever	☐Y ☐N	Diarrhea	☐Y ☐N	Drooling	☐Y ☐N	Lameness	☐Y ☐N
max temp:________°F		# of stools/24hrs:_______		Rapid breathing	☐Y ☐N	Describe:_______________	
Lethargy	☐Y ☐N	Vomiting	☐Y ☐N	Dark urine	☐Y ☐N	Paralysis/Paresis	☐Y ☐N
Anorexia	☐Y ☐N	Rash	☐Y ☐N	Jaundice	☐Y ☐N	Describe:_______________	
Cough	☐Y ☐N	Location:________________		Pale mucous membranes	☐Y ☐N	Seizure	☐Y ☐N
						Shock	☐Y ☐N

Other:____

EXPOSURE INFORMATION

Date of exposure:_____/_____/_____ Time:_______ to _______
Name of waterbody:____
Location on waterbody:_____________________________________
City:____

Visible algae or scum present? ☐Y ☐N ☐DK
Water color:________________________
Unusual smells? ☐Y ☐N ☐DK Describe:_________________
Water flow: ☐Moving ☐Stagnant ☐DK

LABORATORY INFORMATION **Lab name:**________________________________

Complete blood count (most abnormal): Collection date:____/____/____

WBC:________ NEU:________ LYM:________ RBC:________ MCHC:________ HCT:________ PLT:________

Abnormal morphology seen on blood smear:____

Serum chemistry panel (most abnormal): Collection date:____/____/____

Alb:_______________ ALP:_______________ ALT:_______________ AST:_______________ GGT:_______________

TP:_______________ TBili:______________ Chol:_______________ Gluc:_______________ Amyl:_____________

Was a cyanotoxin identified in a sample? No: ☐ Yes: ☐Animal ☐Water If yes, toxin identified:______________________

List the laboratory test(s) and specimen type(s) used to identify the toxin:______________________________________

____

Specimen collection date:____/____/____ Lab name (if different from above):______________________________

OUTCOME & TREATMENT

Was the pet hospitalized? ☐Y ☐N
Admin date:____/____/____ Discharge date:____/____/____
Did the pet die? ☐Y ☐N If yes, date:____/____/____
Did the pet die as a result of HAB illness? ☐Y ☐N
If no, cause of death:________________________________
Euthanized? ☐Y ☐N If yes, date:____/____/____
Reason: ☐ Poor prognosis ☐ Expense of treatment
☐ Both ☐ Other:_______________

Describe the treatment that was given:____________________________
____
____
Was a necropsy performed? ☐Y ☐N If yes, date:____/____/____
Describe findings:____________________________________
____
____
____

Please fax completed form to the MDH Waterborne Diseases Unit at: 1-800-233-1817