Public Health
Seattle & King County

# Canine Brucellosis Case Report Form

## Reporting Source

**Date of Report** (MM/DD/YY)**:** _____ **Veterinarian's Name:** _____

**Facility Name:** _____

**Facility Phone Number:** _____ **Facility Email:** _____

**Facility Address:** _____

## Patient Information

**Name of dog:** _____ **Breed:** _____

**DOB or Age:** _____ **Sex** (M/F)**:** _____ **Neutered/Spayed:** ☐ Yes ☐ No

**Microchip Number:** _____ **Tattoo Present?** ☐ Yes ☐ No

**Owner's Name:** _____ **Phone number:** _____

**Owner's Address:** _____

## Patient Origins

**Was this dog born in the State of Washington?** ☐ Yes ☐ No ☐ Unknown

**If "Yes," what city and/or county?** _____

**If "No," what state/country was this dog born in?** _____

**Please indicate where dog was acquired or purchased from:**

☐ Breeder ☐ Pet Store ☐ Shelter/Rescue ☐ Stray ☐ Other: _____

**Name of the breeder/store/rescue if known:** _____

**Address of the breeder/store/rescue if known:** _____

## Patient Exposures

**Please indicate whether this dog has ever been exposed to the following:**

☐ Breeding Facilities ☐ Kennel/Boarding Facilities ☐ Grooming Facilities ☐ Pet Stores

☐ Dog Parks ☐ Daycare ☐ Shelter/Rescue ☐ Other: _____

*If this dog was exposed to any of the above, please specify the name, location and frequency if known:*

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**Has this dog ever been a stray?** ☐ Yes ☐ No ☐ Unknown

**Does this dog roam off-leash outside of the house or yard?** ☐ Yes ☐ No ☐ Unknown

**Has this animal ever been bred?** ☐ Yes ☐ No ☐ Unknown

**If "Yes," when was the last breeding attempt?** _____

**If "Yes," how many dogs has this dog been bred to?** _____

**Are there other dogs in the household or facility?** ☐ Yes, How many:_____ ☐ No ☐ Unknown

**If "Yes," are any of the other dogs currently ill?** ☐ Yes ☐ No ☐ Unknown

**Please specify the illnesses:** _____

**If "Yes," do any other dogs in the household have a history of reproductive problems?** ☐ Yes ☐ No ☐ Unknown

**Please specify the problems:** _____

**Has this dog ever traveled outside of the state or country?** ☐ Yes ☐ No ☐ Unknown

**If "Yes," please specify where and when:** _____

## Clinical Information

**Date of Illness Onset** (MM/DD/YY)**:** _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Fever** | ☐ Yes | ☐ No | ☐ Unknown | **Discospondylitis** | ☐ Yes | ☐ No | ☐ Unknown |
| *Highest Temperature:* _____ | | | | **Uveitis** | ☐ Yes | ☐ No | ☐ Unknown |
| **Lymphadenopathy** | ☐ Yes | ☐ No | ☐ Unknown | **Infertility** | ☐ Yes | ☐ No | ☐ Unknown |
| **Orchitis** | ☐ Yes | ☐ No | ☐ Unknown | **Abortion** | ☐ Yes | ☐ No | ☐ Unknown |
| **Testicular Atrophy** | ☐ Yes | ☐ No | ☐ Unknown | *Day of gestation:* | _____ | | |
| **Prostatitis** | ☐ Yes | ☐ No | ☐ Unknown | **Miscarriage** | ☐ Yes | ☐ No | ☐ Unknown |
| **Epididymitis** | ☐ Yes | ☐ No | ☐ Unknown | **Stillbirths** | ☐ Yes | ☐ No | ☐ Unknown |

**Other:**

**Chronic Medical Conditions?** ☐ Yes ☐ No ☐ Unknown
*If "Yes," please describe:*

## Treatment

**Was treatment initiated for illness?** ☐ Yes ☐ No ☐ Unknown
*If "Yes," please describe:*

**Was this dog sterilized (spayed/neutered) since the onset of symptoms?** ☐ Yes ☐ No ☐ Unknown

**Was this dog hospitalized due to illness?** ☐ Yes ☐ No ☐ Unknown

**Did this dog die due to illness?** ☐ Yes, euthanized ☐ Yes, from illness ☐ No ☐ Unknown

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## Laboratory Testing

**Date of Initial Test** (MM/DD/YY)**:** _____
**Name of Laboratory:** _____
**Reason for Initial Test:** _____

| | | | |
|---|---|---|---|
| ☐ IFA | ☐ Positive | ☐ Negative | ☐ Inconclusive |
| ☐ TAT | ☐ Positive | ☐ Negative | ☐ Inconclusive |
| ☐ RSAT | ☐ Positive | ☐ Negative | ☐ Inconclusive |
| ☐ 2ME-RSAT | ☐ Positive | ☐ Negative | ☐ Inconclusive |
| ☐ AGID | ☐ Positive | ☐ Negative | ☐ Inconclusive |
| ☐ PCR | ☐ Positive | ☐ Negative | ☐ Inconclusive |
| ☐ Culture | ☐ Positive | ☐ Negative | ☐ Inconclusive |
| ☐ Other _____ | ☐ Positive | ☐ Negative | ☐ Inconclusive |

**Date of additional test** (MM/DD/YY)**:** _____
**Name of Laboratory:** _____
**Reason for Additional Test:** _____
**Laboratory Test (refer to list above):** _____ ☐ Positive ☐ Negative ☐ Inconclusive

**Date of additional test** (MM/DD/YY)**:** _____
**Name of Laboratory:** _____
**Reason for Additional Test:** _____
**Laboratory Test (refer to list above):** _____ ☐ Positive ☐ Negative ☐ Inconclusive

**Date of additional test** (MM/DD/YY)**:** _____
**Name of Laboratory:** _____
**Reason for Additional Test:** _____
**Laboratory Test (refer to list above):** _____ ☐ Positive ☐ Negative ☐ Inconclusive

**Other Comments:**

**Has case been reported to the Washington State Department of Agriculture?** ☐ Yes ☐ No ☐ Unknown

**Public Health – Seattle & King County: Email forms to animaldiseasespublichealth@kingcounty.gov**