



Report of Zoonotic Disease in Animals

Disease: _____ Species: _____ Breed: _____		
Age: _____	Sex: _____	County where animal resides: _____
Date of Diagnosis: _____ Diagnosis based on (circle): Clinical Signs Lab Findings		
If lab findings used, specify test and result: _____		
Was owner counseled about zoonotic disease risk (Circle one)? YES NO UNKNOWN		
Reporting Veterinarian: _____		Clinic Phone: _____
Clinic Address: _____	City: _____	ZIP: _____
Owner's Name: _____		Phone: _____
Address: _____	City: _____	ZIP: _____
Additional Information (Optional): 		
DSHS Use Only		
Date Completed: _____	ZCG Representative: _____	HSR# _____
Zooform, Oct 05		

Mail to: Regional Veterinarian
or
Zoonosis Control Group
Mail Code 1956
1100 W 49th St. Austin, TX 78756

OR

Fax to: Regional Veterinarian
or
Zoonosis Control Group
(512) 458-7454