



Heartworm Reporting Form

Date form completed _____

1. Pet Dog Cat
 Name _____ Breed _____ Sex/Neut _____ Age _____

2. Pet Owner
 Name(s) _____ Telephone _____
 Address where dog lives _____
 Is it okay for Public Health to call the owner to ask more about the history? Yes No

3. Reporting Veterinarian
 Name _____ Clinic Name _____
 Clinic Address _____
 Tel _____ Fax _____ E-mail _____

4. Exposure History
 Exposure/travel outside of LA County Yes No
 If yes, please note location and date: _____
 Other exposure _____

5. Clinical Findings
 Date of onset of first symptoms _____ Date of presentation _____
 Date of death (if applicable) _____
 Clinical Signs (check all that apply)
 None Cough Fatigue Heart failure
 Other _____
 Thoracic radiographs taken? Yes No
 If yes, please note date and comment on findings _____

6. Heartworm Tests and Treatment

Heartworm blood test date	Test type (Ag, Ab, microfilaria)	Test Result
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Treatment Date	Describe Treatment
1. _____	_____
2. _____	_____
3. _____	_____

Fax to: 562-401-7112.

Thank you for helping us better understand Heartworm!