LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY MIKE STRAIN DVM, COMMISSIONER Animal Health & Food Safety, 5825 Florida Blvd., Suite 4000, Baton Rouge, LA 70806, (225) 925-3980, FAX (225) 237-5555

2047

REPORTABLE DISEASE FORM

Disease:							Date:		
Name of Owner: Addr					ress of Owner:				
City:							State:	Zip:	
Animal ID:					Age:				
Breed:					Sex:	Male	Female		
Address of Animal's location:						Parish	sh Where Animal Resides:		
City:							State:	Zip:	
Vaccination Status	☐ Previously vaccinated? If so, when? ☐ Not up to date? ☐ Never vaccinated?								
Did it live?		☐ Yes	□No						
Was it euthanized?		☐ Yes	□No						
Did it die? (not euthanized)		☐ Yes	□No						
Blood or samples taken?		☐ Yes	☐ No Ser	it to:					
Other Pertinent Data or Con	nments:								
Veterinarian:					E-Mail:				
Phone:					Fax:				

Return by FAX to: (225) 237-5555

Return by E-Mail to: vetreports@ldaf.state.la.us

Call: (225) 925-3980

Remember to send this form in upon "Suspicion of disease". We especially need the parish where the animal resides.