South Carolina Veterinary Reportable Disease Form

DATE: _________________ RECEIVED BY: ____________________ DISEASE/SIGN: ____________________
REPORTED BY: □ OWNER □ VETERINARIAN □ LABORATORY □ OTHER: ____________________

OWNER INFORMATION:

Owner Name: ___________________________________ E-Mail: ____________________
Street Address: ___________________________________ Mailing Address: ____________________
City: __________ State: ______ Zip: __________ City: __________ State: ______ Zip: __________
Home Phone #: ____________________ Work/Cell Phone #: ____________________

ANIMAL INFORMATION:

LOCATION: County: _________________ Address: ____________________ Zip: __________

SIGNALMENT and HISTORY:

Number Affected: ____________________ Number on Farm: ____________________
Species: ____________________ Breed: ____________________ DOB/Age: ____________________ Gender: ____________________
Date of Onset of Clinical Signs: ____________________ Date Examined by Veterinarian: ____________________

Clinical Signs: ____________________________________________________
________________________________________________________________________
________________________________________________________________________
Nutrition: _____________________________________________________________

Status of Animal: □ Recovered □ Died □ Euthanized Date: ____________________
Other Animals on Premises: □ Yes □ No Other Animals with Similar Signs: □ Yes □ No
Biosecurity History (travel, new additions, foreign visitors, etc.):
________________________________________________________________________
List any Vaccinations and Date: ________________________________________________
Treatment Provided: ________________________________________________________
Sample(s) Taken: ____________________ Samples Sent to: ____________________

VETERINARIAN INFORMATION:

Vet Name: ___________________________________ Clinic Name: ____________________
Clinic Address: ___________________________________ Clinic Phone: ____________________
City: _________________ State: ______ Zip: __________ Clinic Fax or E-mail: ____________________

LABORATORY INFORMATION:

Lab name: ____________________ Lab Case #: ____________________ Date Received: ____________________
Comments: ____________________

Reportable diseases are by law reportable within 48 hours to State Veterinarian's office when diagnosed or suspected.
- Code of Laws of S. C. 1976, 47-4-50