ANIMAL HEALTH PROGRAMS
Livestock Poultry Health

Clemson Livestock Poultry Health, Animal Health Programs
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South Carolina Veterinary Reportable Disease Form

SC Form 282 04/2015

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