

Lab Use Only – Please do not write in this area.

Accession #: _____



**VETERINARY
DIAGNOSTIC CENTER**
Livestock Poultry Health

UPS/FedEx/Courier/USPS Receptionist: 803 788-2260
500 Clemson Rd. Facsimile: 803 788-8058
Columbia, SC 29229 Receiving: 803 726-7831

Equine Encephalitis/Central Nervous System Disorders: Supplemental Information Form

Horse Information – Fill in as completely as possible.

Location: County _____ City/Town _____ Zip _____

Address Where Equine Stabled: _____

(Must be address where animal stabled. If not street address, provide detailed directions. If necessary, draw a map to the location on the reverse side of this form.)

Coordinates: **W** _____ (X:Longitude) **N** _____ (Y:Latitude)

Signalment and History:

Horse Name: _____ Breed: _____ Color: _____ Age: _____ Gender: _____

Significant History Including Travel: _____

Vaccination Status of Animal: Not Vaccinated Vaccinated Vaccination Status Unknown

If Vaccinated: EEE/WEE/TET EHV WNV Rabies Date Vaccinated: _____

Date of Onset of Clinical Signs: _____ Date Examined by Veterinarian: _____

Clinical Signs: _____

Treatment Provided: _____

Sample(s) Taken: _____ Date Taken: _____

Samples Sent to: _____ Date Sent: _____

Status of Animal: Recovered Died Euthanized Date: _____

Other Horses on Premises: Yes No Other Horses with Similar Signs: Yes No

Owner Information

Owner Name: _____ Mailing Address(if Different): _____

Street Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Veterinarian Information

Veterinarian Name: _____ Clinic Name: _____

Vet/Clinic Address: _____ Clinic Phone: _____

City: _____ State: _____ Zip: _____ DVM Mobile/Email: _____

Laboratory Information

CVDC Case # _____ DHEC Case # _____ Date Received: _____

Testing Performed: DFA IgM ELISA PCR HP Virus Isolation Other _____

Diagnosis: EEE WNV Rabies Other _____ No Definitive Dx

Comments: _____