Washington State Department of Health Continue Leantscape Responses	County: Local Health Department Contact:
Canine Leptospirosis	Phone: ()
☐ Suspected ☐ Confirmed	Date Notified:/
REPORT SOURCE	
Initial report date://	Veterinarian:
Name of person reporting:	Veterinary clinic or facility name and address:
Phone: ()	
Reporter's relationship to dog (owner, veterinarian, etc):	
	Veterinary clinic or facility phone: ()
DOG INFORMATION	OWNER INFORMATION
Breed: Name:	Owner's name:
Age:	Address where dog is kept:
Gender ☐ F ☐ M Neutered/spayed ☐	
☐ Domestic ☐ Stray ☐ Indoor ☐ Outdoor ☐ Indoor/Ou	tdoor
Leptospira vaccine history	Owner's phone number(s):
Y N NA DK Vaccine given:	
□ □ □ Date of last vaccine:/	
Serovars included:	
Daily Routine of this Dog	How long has this dog been with present owner:yearsmonthsdays
	What other types of animals are in facility / household?
Dog's Recent Travel: ☐ Y ☐ N ☐ DK	
Location: Date:/to	Recent Exposure to Wildlife?
Location: Date:/to	

OWNER/FACILITY INFORMATION – Where dog is kept		
Premise information (urban, suburban, rural, farm, ranch, near wa	nter body, wooded, etc.):	
CLINICAL INFORMATION OF DOG		
Onset date/	Has the dog been treated for this illness?	
Current status (Recovered, Died, Still Sick)	Date treatment began:// Date treatment ended://	
LABORATORY INFORMATION	PUBLIC HEALTH ACTIONS	
Test results:	Have prevention measures been discussed with owner?	
Sera Collection date/	OK for public health to contact the owner?	
Locati on: Acute	Other Comments:	

Fax completed form along with the **lab report** - leptospirosis confirmation section including serovars to:

Washington Department of Health, Zoonotic Disease Program FAX: 360-236-2261

Report any confirmed or suspected cases of canine leptospirosis to your local health department **immediately** upon identification.