



## Heartworm Report Form

Date form completed \_\_\_\_\_

**1. Pet**  Dog  Cat

Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex/Neut \_\_\_\_\_ Age \_\_\_\_\_

### 2. Pet Owner

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City, ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_

Is it okay for Public Health to call the owner(s) to ask more about the history?  YES  NO

### 3. Reporting Veterinarian

Name of veterinarian or technician: \_\_\_\_\_

Vet Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ZIP: \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

### 4. Exposure History

Exposure/travel outside of Los Angeles County?  Yes  No

Location and approximate dates: \_\_\_\_\_

On heartworm preventative before diagnosis?  Yes  No (preventative: \_\_\_\_\_)

If Yes, what do you suspect is the cause of prevention failure

Drug resistance  Irregular dosing  Other. Explain \_\_\_\_\_

### 5. Clinical Findings

Date of onset \_\_\_\_\_ Date of presentation \_\_\_\_\_

Date of death \_\_\_\_\_

Clinical Signs (check all that apply)

None  Cough  Fatigue  Heart failure

Other \_\_\_\_\_

Thoracic radiographs taken?  Yes  No

Comment on radiograph findings: \_\_\_\_\_

### 6. Tests and Treatment

Heartworm blood test date

Test (Ag, Ab, microfilaria)

Test Result

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment Date

Treatment

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

