**Note: Create or update a report by appending an environmental form to this animal form.**

If reporting more than one animal, please create one report for each animal unless they are part of a large herd, flock, school of fish, etc.

**GENERAL INFORMATION**

Animal Description

**What is the category of animal(s) being reported?** (e.g., wildlife, domestic pet, livestock)

**What type of animal(s) are you reporting?** (e.g., dog, bird, fish)

**Additional animal description?** (e.g., beagle, brown pelican, catfish)

**Does this illness report describe a single animal or a group of animals?**

- □ Single animal (e.g., dog, bird, sea lion)
- □ Group of animals (e.g., fish kill, flock of birds, herd of cattle)

**If reporting a single animal:**

- **What is the age of the animal?** ___________ years
- **What is the weight of the animal?** ___________ □ lb  □ kg
- **Did the animal die?** □ Yes  □ No  □ Unknown
- **What condition was the animal found?** (check all that apply)
  - □ Alive  □ Fresh  □ Scavenged  □ Decomposed  □ Unknown  □ Not Applicable

**If reporting a group of animals:**

- **How many animals were affected?** ___________
- **Did the animals die?** □ Yes  □ No  □ Unknown
- **How many dead animals were counted?** ___________
- **What condition were the animals found?** (check all that apply)
  - □ Alive  □ Fresh  □ Scavenged  □ Decomposed  □ Unknown  □ Not Applicable

**Dates** (MM/DD/YYYY)

- **Did the animal(s) have exposure to algae and/or algal toxins on a single date or multiple dates?** (check one)
  - □ Single date  □ Multiple dates  □ Unknown
  - **Date of first exposure:** ___________ □ AM  □ PM
  - **Date of last exposure:** ___________ □ AM  □ PM
  - **Date of discovery:** ___________ □ AM  □ PM
  - **Date of illness onset:** ___________ □ AM  □ PM
  - **Date of death:** ___________ □ AM  □ PM
  - **Date of notification to Local, Territory, Tribal, or State Health Authorities** ___________

**Date Remarks**
# ANIMAL EXPOSURE INFORMATION

## Location

State(s) where exposure occurred? 

Count(ies) where exposure occurred? 

Setting(s) of the exposure? 

Specific location name 

## Activities

<table>
<thead>
<tr>
<th>Exposure source (e.g., Water, Air, Food)</th>
<th>Exposure activity (e.g., Swimming, Eating algae)</th>
<th>Water type (if applicable) (e.g., Canal, Lake, Ocean)</th>
<th>Food type (if applicable) (e.g., Bass, Grouper, Oysters)</th>
<th>Duration of activity (e.g., 30)</th>
<th>Duration unit (e.g., Minutes)</th>
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## Exposure Routes and Remarks

What were the route(s) of exposure? *(check all that apply)*

- Ingestion
- Inhalation
- Skin contact
- Other *(describe in Remarks)*
- Unknown

Exposure Remarks *(e.g., additional description of single or multiple exposures)*


## Signs of Illness and Health Outcomes

<table>
<thead>
<tr>
<th>Sign (e.g., Lethargy, Drooling)</th>
<th>Time to onset (e.g., 30)</th>
<th>Onset unit (e.g., Minutes)</th>
<th>Duration of signs (e.g., 4)</th>
<th>Duration unit (e.g., Hours)</th>
<th>Recurrence following multiple exposures? (i.e., Yes/No/Unknown/Not Applicable)</th>
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</table>

Were the signs consistent with the route(s) of exposure? *(e.g., location of rash consistent with exposed body parts)*

- [ ] Yes
- [ ] No *(describe in Remarks)*
- [ ] Unknown

### Medical Care and Health Outcomes

**Did the animal(s) receive veterinary medical care or treatment?**

- [ ] Yes  
- [ ] No  
- [ ] Unknown

**Did the animal(s) get admitted to a veterinary facility?**

- [ ] Yes  
- [ ] No  
- [ ] Unknown

**Do you have additional information about medical care or health outcomes for the animal(s)?** *(If Yes, please describe in the Remarks)*

- [ ] Yes  
- [ ] No

### Medical Care and Health Outcomes Remarks

*(Please include any other information about the medical care or health outcomes for the animal(s))*
### Health History and Differential Diagnosis

If Yes to any of the following questions, please describe in Remarks or attach any relevant documents.

Did the animal(s) have any pre-existing medical conditions or disabilities?
- [ ] Yes
- [ ] No
- [ ] Unknown

Did the animal(s) receive any medications in the month before illness onset?
- [ ] Yes
- [ ] No
- [ ] Unknown

Were other causes of the illness investigated?
- [ ] Yes
- [ ] No
- [ ] Unknown

Were environmental samples (e.g., mushrooms) tested to rule out other possible causes?
- [ ] Yes
- [ ] No
- [ ] Unknown

### Health History and Differential Diagnosis Remarks

---

### CLINICAL TESTING

#### Clinical Testing

Were clinical specimens tested?
- [ ] Yes (describe in Test Results)
- [ ] No
- [ ] Unknown

What type(s) of clinical testing were done to diagnose the illness or rule out other causes of illness? (check all that apply)

- [ ] Bloodwork
- [ ] Culture
- [ ] Fecal analysis
- [ ] Histopathology
- [ ] Skin biopsy
- [ ] Stomach content analysis
- [ ] Toxicology
- [ ] Urinalysis
- [ ] X-ray
- [ ] None
- [ ] Other (describe in Remarks)
- [ ] Unknown

#### Clinical Test Results

<table>
<thead>
<tr>
<th>Clinical Specimen Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td><strong>Classification</strong> (e.g., Cyanobacteria)</td>
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<td><strong>Genus or toxin</strong> (e.g., Microcystis)</td>
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<td><strong>Species</strong> (e.g., aeruginosa)</td>
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<td><strong>Subspecies/ Serotype / Genotype</strong> (e.g., f. scripta)</td>
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<td><strong>Detected in clinical specimen?</strong> (i.e., Yes/No/Unknown)</td>
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<td><strong>Detected in which types of specimens?</strong> (e.g., Blood)</td>
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<td><strong>Concentration</strong> (e.g., 20)</td>
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<td><strong>Unit</strong> (e.g., ppm)</td>
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<td><strong>Test type</strong> (e.g., ELISA)</td>
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</table>
**Clinical Testing Remarks** (Please include any other clinical testing information)

Clinical Testing Remarks

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**SUPPLEMENTAL INFORMATION**

**General Remarks** (Please include or attach any other relevant information not captured in this form)

General Remarks

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**AUTHOR AND AGENCY INFORMATION**

Form Author: ___________________________ Agency Contact Name: ___________________________

Report Author: _________________________ Agency Contact Title: ____________________________

Reporting Site Name: ____________________ Agency Contact Phone: __________________________

Agency Name: __________________________ Agency Contact Fax: _____________________________

Agency Contact Email: ___________________