

HARMFUL ALGAL BLOOM (HAB) ANIMAL ILLNESS REPORT

Illinois Department of Public Health
Communicable Disease Control Section
Phone: 217-782-2016 Fax: 217-524-0962



Reporting Entity:

- General Public Veterinarian Poison Control Center Biologist
 Local Agency State Agency Other _____

Contact Name _____ Phone Number _____ home/work/cell

Address _____ County _____

Animal Owner Name (if not reporting entity) _____

If reporting a single animal or small group of animals (please fill out a form for each animal):

Animal Type:

- Domestic Stray Unknown

Species:

- Dog (breed/description) _____
 Cat (breed/description) _____
 Livestock (type) _____
 Other (describe) _____

Animal Characteristics:

Sex: Male Female Unknown

Age: _____

Weight: _____ lbs

Did the animal receive veterinary care?

- Yes No Unknown

If yes: Vet clinic name and address:

Did the animal die?

- Yes No Unknown

If reporting a large group of animals (e.g. flock, herd, or school of fish)

Species:

- Livestock (type) _____
 Birds (type) _____
 Fish (type) _____
 Other (describe) _____

Number of animals affected _____

Did animals receive veterinary care?

- Yes No Unknown

If yes: Vet clinic name and address:

Did any animals die? Yes No Unknown

If yes: What condition were animals found in?
(check all that apply)

- Fresh Scavenged Decomposed
 Unknown

How many dead animals were counted?

Necropsy performed? Yes No Unknown

Suspected source of exposure:

- Public water body (name and location) _____
- Home/private water body (name and location) _____
- Drinking water (source/location) _____
- Other (describe) _____

If exposure source was a water body:

Visible algae present: Odor: Describe water body color and appearance:
 Yes No Unknown Yes No Unknown _____

Exposure details

Routes(s) of exposure:

- Inhalation Swallowing/Drinking Skin contact Unknown Other _____

Date(s) of exposure:

_____/_____/_____ ____/____/_____ ____/____/_____

Total duration of exposure: _____minutes/hrs/days

Symptoms:

Onset Date of Symptoms ____/____/_____ Duration of Symptoms _____ days

General:

- Fever Lethargy Loss of appetite Difficulty walking

Respiratory:

- Cough Wheezing Rapid breathing

Gastrointestinal:

- Vomiting Diarrhea Excessive drooling Lip licking/gagging

Neurologic:

- Weakness Stumbling Behavior change Paralysis Seizure Coma

Dermal:

- Rash Itching Redness/Swelling

Other symptoms (please describe) _____

Are you aware of other animals that were exposed and became ill? Yes No

If yes please describe and provide contact info _____

Please mail or fax completed form to the Illinois Department of Public Health Communicable Disease Control Section. Mailing address: 525 W Jefferson St., Springfield IL 62761. Fax: 217-524-0962