### 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): ____________________________

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#### 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: ☐ Yes ☐ No ☐ Unknown

Odor: ☐ Yes ☐ No ☐ Unknown

Describe water body color and appearance: ____________________________________________

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