

Equine Central Nervous System Case Tracking Form

Veterinarians: Report suspected cases within 4 hours & fax to State Vet's office (602) 542-4290
 (No fax machine? Send with samples to Arizona Veterinary Diagnostic Laboratory)
Please complete at least the bolded & underlined boxes; it is crucial information for WNV surveillance

Horse Name		Date Form Completed:		Completed by:																									
Owner Name (Last) (First)		Horse's Age	Gender <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Breed <input type="checkbox"/> (1) Quarter Horse <input type="checkbox"/> (2) Thoroughbred <input type="checkbox"/> (3) Arabian <input type="checkbox"/> (4) Draft <input type="checkbox"/> (5) Pony <input type="checkbox"/> (6) Miniature <input type="checkbox"/> (7) Donkey <input type="checkbox"/> (8) Mule <input type="checkbox"/> (9) Other _____	Outcome <input type="checkbox"/> Euthanized <input type="checkbox"/> Died <input type="checkbox"/> Survived <input type="checkbox"/> Alive @ time of collection but Unknown outcome																								
Street Address (where horse resides)		Owner Telephone # ()																											
Closest cross streets		County or Tribal Residence		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																									
City	State AZ	Zip code		GPS Coordinates																									
Diagnosis or suspected reportable condition																													
Date of onset		<input type="checkbox"/> Arizona VDLab <input type="checkbox"/> New Mexico VDLab <input type="checkbox"/> Other lab _____																											
Accession no. (if known):																													
Attending Veterinarian	Veterinary Clinic Name	Telephone #	Veterinarian's Fax #																										
City		State (please list of other than AZ) / Zipcode AZ																											
Risk Factor Assessment:		Clinical Signs:		For Use by State Veterinarian Office, Arizona Dept. of Health Services, or county health department																									
In-state travel? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ / _____ / _____ Location _____		<input type="checkbox"/> Weakness <input type="checkbox"/> Ataxia <input type="checkbox"/> Abnormal mentation <input type="checkbox"/> Fever Max temp _____ <input type="checkbox"/> Fasciculation <input type="checkbox"/> Anorexia <input type="checkbox"/> Cranial Nerve Deficits <input type="checkbox"/> Flaccid paralysis <input type="checkbox"/> Teeth Grinding <input type="checkbox"/> Unable to rise <input type="checkbox"/> Flaccid paralysis <input type="checkbox"/> Other – specify _____		Laboratory Results: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Rabies Positive / Negative (circle one)</td> <td style="text-align: center;">WNV IgM ELISA (mark below)</td> </tr> <tr> <td style="text-align: center;">IHC for WNV</td> <td style="text-align: center;">PCR for WNV</td> </tr> </table>		Rabies Positive / Negative (circle one)	WNV IgM ELISA (mark below)	IHC for WNV	PCR for WNV																				
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Vaccination status: WNV <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ / _____ / _____ WEE <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ / _____ / _____ EEE <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ / _____ / _____ VEE <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ / _____ / _____ Rabies <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ / _____ / _____				<input type="checkbox"/> Confirmed case Entered into: <input type="checkbox"/> Probable case <input type="checkbox"/> ADHS Database <input type="checkbox"/> Suspect case <input type="checkbox"/> SVO Database <input type="checkbox"/> Ruled out/Non-case																									
Other horses on farm showing signs of WNV? <input type="checkbox"/> Yes <input type="checkbox"/> No # of horses ill _____				<input type="checkbox"/> reported to county health department <input type="checkbox"/> reported to state health department <input type="checkbox"/> reported to Office of State Veterinarian																									
Specimen Type Submitted to Lab and Date (s) Collected:			Serology Results																										
<input type="checkbox"/> Serum (Acute) _____ / _____ / _____ <input type="checkbox"/> Serum (Convalescent) _____ / _____ / _____ <input type="checkbox"/> CSF _____ / _____ / _____ <input type="checkbox"/> Brain / CNS Tissue _____ / _____ / _____ <input type="checkbox"/> Other _____ / _____ / _____			<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Acute</td> <td style="text-align: center;">Convalescent</td> </tr> <tr> <td><input type="checkbox"/> East Equine Encephalitis</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> West Equine Encephalitis</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> St. Louis Encephalitis</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Venezuelan Encephalitis</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> West Nile Virus</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Equine Herpes Virus</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>				Acute	Convalescent	<input type="checkbox"/> East Equine Encephalitis	_____	_____	<input type="checkbox"/> West Equine Encephalitis	_____	_____	<input type="checkbox"/> St. Louis Encephalitis	_____	_____	<input type="checkbox"/> Venezuelan Encephalitis	_____	_____	<input type="checkbox"/> West Nile Virus	_____	_____	<input type="checkbox"/> Equine Herpes Virus	_____	_____	<input type="checkbox"/> Other _____	_____	_____
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