Arizona Department of Agriculture
1688 W. Adams Street, Phoenix, Arizona 85007
(602) 542-4293  FAX (602) 542-4290

CENTRAL NERVOUS SYSTEM DISEASE CASE TRACKING FORM
Report suspected cases within 4 hours to the Office of the State Veterinarian at (602) 542-4293

Date: __________________________  County: __________________________  Animal name: __________________________

Stable/Address: _______________________________________________________________________________________

Breed: ____________________  Age: __________  Sex: ________  Outcome: ______________  Pregnant: ______

GPS Coordinates: (Latitude) ___________________________  (Longitude) ___________________________

VETERINARIAN CONTACT INFORMATION

Attending Veterinarian: ____________________________________________  Phone#: __________________________

Email: _____________________________________________________________________________________________

Clinic: __________________________________________________________________________________________

Address: _______________________________  City: _______________  State: _____  Zip: _____________

SUBMITTER CONTACT INFORMATION  [ ] same as Veterinarian

Contact: ____________________________________________  Phone#: __________________________

Email: ___________________________________________________________________________________________

Agency: __________________________________________________________________________________________

Address: _______________________________  City: _______________  State: _____  Zip: _____________

OWNER CONTACT INFORMATION

Name: ____________________________________________  Phone#: __________________________

Address: _______________________________  City: _______________  State: _____  Zip: _____________

Email: ___________________________________________________________________________________________

Notes: ____________________________________________________________

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Continued
CLINICAL INFORMATION

Onset date: __________________________

Clinical Signs: (check all that apply)  
☐ Weakness  ☐ Ataxia  ☐ Abnormal mentation  ☐ Fever  ☐ Fasciculation  ☐ Anorexia  
☐ Cranial nerve deficits  ☐ Flaccid paralysis  ☐ Teeth grinding  ☐ Unable to rise  
☐ Other: __________________________________________________________________________

__________________________

Diagnosis or suspected reportable condition: _______________________________________________________________________________

__________________________

Treatment: __________________________________________________________________________________________________

__________________________

RISK ASSESSMENT

Vaccination Status: (check if current) ☐ WNV  ☐ WEE  ☐ EEE  ☐ EHV 4/1  ☐ Rabies  ☐ Other: __________________________________________________________________________

☐ Travel within Arizona- Dates/Locations:

☐ Travel within United States- Dates/Locations:__________________________

_______ # of other horses at this location

_______ # displaying clinical signs of disease:

Species and (#) of other animals on-site that are potential dangerous contacts / at risk for multi-species disease:

Details:

Save as .pdf file and email to: diseasereporting@azda.gov

LABORATORY TESTING

FOR OFFICIAL LABORATORY USE ONLY

Specimen tested at: Lab ID#: __________________

☐ University of Arizona Veterinary Diagnostic Laboratory

☐ Arizona State Public Health Laboratory

☐ Other: __________________________________________________________________________

Specimen type: ☐ Serum  ☐ Acute  ☐ Convalescent  ☐ CSF  ☐ CNS Tissue/Brain  ☐ Other: __________________________________________________________________________

Type of testing: ☐ Arboviral  ☐ Rabies  ☐ Other: __________________________________________________________________________

Results: __________________________________________________________________________

Classification: ☐ Confirmed  ☐ Probable  ☐ Suspect  ☐ Ruled Out

Arizona Department of Health Services  Arizona State Public Health Laboratory  University of Arizona
Bureau of Epidemiology & Disease Control  Virology Section  Veterinary Diagnostics Laboratory
Office of Infectious Disease Services  250 N. 17th Ave.  2831 N. Freeway
Vector-Borne & Zoonotic Diseases  Phoenix, AZ 85007  Tucson, AZ 85705-5021
150 N. 18th Ave. Ste. 140  Ph: (602) 542-1188 Fax: (602)364-0760  Ph: (520) 621-2356 Fax: (520) 626-8696
Phoenix, AZ 85007  azvdl@ag.arizona.edu  vbzd@azdhs.gov

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