MINNESOTA

Canine Brucellosis Report Form

Please e-mail completed form to companion.animal@state.mn.us

A. OWNER/VETERINARIAN INFORMATION

Owner name: _____

Address: _____

City: _____

State: MN Zip:_____ County: _____

Phone (1): _____

Phone (2): _____

Email: _____

Veterinarian: _____

Veterinary clinic: _____

Clinic phone: _____

Clinic email: _____

B. DOG INFORMATION

Dog's name: _____

Breed: _____

DOB/Age:_____

Sex: ☐ Male ☐ Female

Spayed/neutered: ☐ Yes ☐ No

If yes, date spayed/neutered:_____

Clinic spayed/neutered at: _____

Origin of dog: _____

Other dogs in the home/facility? ☐ Yes ☐ No

If yes, how many? _____

Additional comments:

Reason for test:

Exhibited symptoms of *b. canis*: ☐ Yes ☐ No

If yes, list symptoms:

Has the dog received any therapeutic treatment?

☐ Yes ☐ No

If yes, list medication, dose, and duration:

C. DIAGNOSTIC INFORMATION

Lab name (list all, if multiple):_____

Test:	**Collection date** (mm/dd/yyyy):	**Result:**	
☐ RSAT	_____	☐ Positive	☐ Negative
☐ ME-RSAT	_____	☐ Positive	☐ Negative
☐ TAT	_____	☐ Positive	☐ Negative
☐ PCR ☐ Blood ☐ Tissue	_____	☐ Positive	☐ Negative
☐ AGID	_____	☐ Positive	☐ Negative
☐ CUL ☐ Blood ☐ Urine ☐ Tissue	_____	☐ Positive	☐ Negative
☐ Other (list):	_____	☐ Positive	☐ Negative

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