

Canine Brucellosis Report Form

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

A. OWNER/VETERINARIAN INFORMATION

Owner name: _____
 Address: _____
 City: _____
 State: MN Zip: _____ County: _____
 Phone: _____
 Email: _____

Veterinarian: _____
 Veterinary clinic: _____
 Clinic phone: _____
 Clinic email: _____

B. DOG INFORMATION

Dog's name: _____
 Breed: _____
 DOB/Age: _____
 Sex: Male Female Intact: Yes No
 If no, date spayed/neutered: _____
 Clinic spayed/neutered at: _____
 Origin of dog: _____
 Include the name or contact information for the origin of the dog in additional comments section below.
 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(s):	Result(s):
RSAT	_____	Positive Negative Pending Suspect
ME-RSAT	_____	Positive Negative Pending Suspect
TAT	_____	Positive Negative Pending Suspect
PCR Blood Tissue	_____	Positive Negative Pending Suspect
AGID	_____	Positive Negative Pending Suspect
CUL Blood Urine Tissue	_____	Positive Negative Pending Suspect
Other (list):	_____	Positive Negative Pending Suspect