

# CANINE LEPTOSPIROSIS SURVEILLANCE

## CASE QUESTIONNAIRE

Study Case ID:

Place pre-printed label here

Clinic/Shelter ID:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM, DD, YY)

Clinic / Shelter Name: \_\_\_\_\_ Facility type:  Clinic  Shelter Vet / Staff Name: \_\_\_\_\_

### Section 1. General Information

#### Owner Information

Does the dog have an owner?  Yes  No (stray)  Unknown

If yes, Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address of owner or stray pick-up location:

Street Address (or major intersection): \_\_\_\_\_

City: \_\_\_\_\_ Municipality: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Signalment

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_  Yr  Mo Sex:  Male  Female Spayed/Neutered?  Yes  No

Breed:  Mix  Purebred Breed (if known): \_\_\_\_\_ Weight: \_\_\_\_\_  lbs  kg

### Section 2. Risk Factors and Exposures

#### Check all that apply (unless otherwise indicated):

Is the dog a:  Pet  Neighborhood dog  Watchdog  Hunting dog  Herding dog  Other: \_\_\_\_\_

Where does the dog spend his/her time (pick one)?

Mostly indoors  Mostly outdoors  50% indoors / 50% outdoors  Always outdoors

When outdoors, in what area does the dog spend time (pick one)?

Fenced yard  Allowed to roam  Both areas

Does the dog drink water from:

Inside house  Outside house  Puddles  Lake/pond  River/stream  Other: \_\_\_\_\_

Does the dog eat food:  Inside house  Outside house  Other: \_\_\_\_\_

Does the dog sleep:  Inside house  Outside house  Other: \_\_\_\_\_

Does the dog have contact with:

Owned dogs  Stray dogs  Rodents  Livestock: \_\_\_\_\_  Wildlife: \_\_\_\_\_  Other: \_\_\_\_\_

In the last 30 days, has the dog swum in:  River/stream  Lake/pond  Puddle

In the last 30 days, has the dog traveled outside of the city of residence?

Yes, where? \_\_\_\_\_  No  Unknown

In the last 30 days, has the dog had contact with a sick dog diagnosed with leptospirosis?  Yes  No  Unknown

Have rodents or evidence of rodents (feces, eaten food stores, holes) been seen in the house?  Yes  No  Unknown

Have rodents or evidence of rodents been seen in other areas where the dog lives/goes?

Yes, where? \_\_\_\_\_  No  Unknown

Has the dog had a previous diagnosis of leptospirosis?  Yes, date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM, DD, YY)  No  Unknown

Has the dog been vaccinated against leptospirosis?  Yes  No  Unknown

If yes, , Date of vaccination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM, DD, YY) Vaccine Name: \_\_\_\_\_

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### Section 3. Clinical and Laboratory Information

#### Signs and Symptoms

Date: \_\_\_\_\_  
 Wh Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Pro  Negative  
 Positive

Perform test #2 if the first lepto rapid test was negative and blood was collected ≤7 days after symptom onset.

#### **Lepto Rapid Test 2:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Negative  
 Positive

Conjunctivitis/red eyes

Icterus/yellow skin or eyes  yes  NO  UNK

#### **Other lab tests done:**

- Hematology  
 Biochemistry  
 Urinalysis

#### **PLEASE ATTACH A COPY OF THE LAB REPORT**

#### **Specimens collected:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Serum  
 Blood  
 Urine - cystocentesis  
 Urine - free catch  
 Kidney tissue

#### **IDEXX Lepto snap:**

- Pos  Neg  N/A

#### Laboratory Results

#### Lab Values:

<b>Creatinine:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>BUN:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>ALT:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>AST:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>ALP:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>Bilirubin:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>Albumin:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>CPK:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>K:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>HCT = _____%</b>				Ink
<b>Platelet:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>WBC:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	Ink
<b>Neutrophil:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	No
<b>Lymphocyte:</b>	<input type="checkbox"/> Norm	<input type="checkbox"/> High	<input type="checkbox"/> Low	No
<b>Urine specific gravity = _____</b>				No

#### Outcome

Was the dog hospitalized?  Yes, # of days: \_\_\_\_\_  No

Outcome:  Discharged  Died  Unknown

If died, was it due to:  Euthanasia  Unassisted/natural death

Were antibiotics prescribed?  Yes  No

If yes, no. of days prescribed: \_\_\_\_\_ ; Name of antibiotic(s): \_\_\_\_\_

Send a copy of this form by fax to 404-471-8642 OR by email to study coordinators OR with monthly shipments to CDC.  
 Thank you!

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Form Approved  
OMB No. 0920-xxxx  
Expires xx/xx/xxxx

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