

# CANINE LEPTOSPIROSIS SURVEILLANCE CASE QUESTIONNAIRE

Form Approved  
OMB No. 0920-1170  
Expires 03/31/2019

Study Case ID:

Place pre-printed label here

Clinic/Shelter **Patient Record ID:**

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

Clinic / Shelter Name: \_\_\_\_\_

Facility type:

Vet / Staff Name: \_\_\_\_\_

Clinic  Shelter

## 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: \_\_\_\_\_

# CANINE LEPTOSPIROSIS SURVEILLANCE

## CASE QUESTIONNAIRE

### Section 3. Clinical and Laboratory Information

#### Signs and Symptoms

Date of symptom onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM, DD, YY)

What clinical signs have occurred since symptom onset?

Provide one response for each line.

Fever  Yes, Temp: \_\_\_\_\_°C  No  Unk

Lethargy/weakness  Yes  No  Unk

Inappetence/anorexia  Yes  No  Unk

Vomiting  Yes  No  Unk

Diarrhea  Yes  No  Unk

Abdominal pain  Yes  No  Unk

Muscle/joint tenderness  Yes  No  Unk

Conjunctivitis/red eyes  Yes  No  Unk

Icterus/yellow skin or eyes  Yes  No  Unk

Cough  Yes  No  Unk

Tachypnea/dyspnea  Yes  No  Unk

Oliguria/anuria  Yes  No  Unk

Polyuria/polydipsia  Yes  No  Unk

Renal failure/insufficiency  Yes  No  Unk

Liver failure/elevated enzymes  Yes  No  Unk

Uveitis  Yes  No  Unk

Altered mentation  Yes  No  Unk

Abortion  Yes  No  Unk

Pulmonary hemorrhage  Yes  No  Unk

Other bleeding  Yes, \_\_\_\_\_  No

Other signs/symptoms  Yes, \_\_\_\_\_  No

#### Laboratory Results

##### Lepto Rapid Test 1:

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

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

##### Specimens collected:

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

Serum

Blood

Urine - cystocentesis

Urine - free catch

Kidney tissue

**If other lepto tests were done, please record results:**

##### IDEXX lepto snap:

Pos  Neg  Invalid

##### Zoetis WITNESS lepto:

Pos  Neg  Invalid

##### Other Lab Tests Done:

Hematology  Biochemistry  Urinalysis

##### Attach a copy of the lab report OR fill in lab values below:

**Creatinine:**  Norm  High  Low

**BUN:**  Norm  High  Low

**ALT:**  Norm  High  Low

**AST:**  Norm  High  Low

**ALP:**  Norm  High  Low

**Bilirubin:**  Norm  High  Low

**Albumin:**  Norm  High  Low

**CPK:**  Norm  High  Low

**K:**  Norm  High  Low

**HCT =** \_\_\_\_\_%

**Platelet:**  Norm  High  Low

**WBC:**  Norm  High  Low

**Neutrophil:**  Norm  High  Low

**Lymphocyte:**  Norm  High  Low

**Urine specific gravity =** \_\_\_\_\_

##### Hospitalization status and 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,** # of days prescribed: \_\_\_\_\_ ; Name of antibiotic(s): \_\_\_\_\_

Send a copy of this form by fax to 404-471-8642 OR by email to ygn3@cdc.gov OR with monthly shipments to CDC.

Thank you!