

CANINE LEPTOSPIROSIS SURVEILLANCE CASE QUESTIONNAIRE

Form Approved
OMB No. 0920-1170
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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: _____

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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!