

One Health Harmful Algal Bloom System (OHHABS) Animal Form
Form Approved
OMB No. 0920-1105
Exp. Date: 11/30/2025



One Health Harmful Algal Bloom System (OHHABS)

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1105). DO NOT MAIL FORMS TO THIS ADDRESS



Animal Form

CDC REPORT ID	CDC FORM ID	STATE REPORT ID	REPORT DATE CREATED
---------------	-------------	-----------------	---------------------

**Note: Create or update a report by appending an environmental form to this animal form. If reporting more than one animal, please create one report for each animal unless they are part of a large herd, flock, school of fish, etc.

GENERAL INFORMATION – Group Reports should include only 1 species type. If multiple species are reported please complete separate group report forms

Does this illness report describe a single animal or a group of animals?

- ☐ Single animal
☐ Group of animals (e.g., flock of birds)

ANIMAL DESCRIPTION

What is the category of animal(s) being reported?

- ☐ Domestic Pet ☐ Livestock ☐ Wildlife

What type of animal are you reporting?: _____

Animal Common Name?(e.g., dog breed, fish species, etc.) _____

[Single Animal] What is the weight of the animal? _____ (lbs) ☐ Unknown

[Domestic Pet] How old is the animal? _____ (years) ☐ Unknown

[Livestock or Wildlife] What is the maturity of the animal/s?

- ☐ Juvenile ☐ Adult ☐ Both Juvenile and Adult ☐ Unknown

ANIMAL EXPOSURE INFORMATION

Date of Discovery(MM/DD/YYYY): _____

Did the animal(s) have exposure to algae, cyanobacteria, or their toxins on a single date or multiple dates? *(Select one)*

☐ Single date

Date of exposure(MM/DD/YYYY): _____

☐ Multiple dates

Date of first exposure(MM/DD/YYYY): _____

Date of last exposure(MM/DD/YYYY): _____

☐ Unknown

If reporting a single animal:

Did the animal die?

- ☐ Yes ☐ No ☐ Unknown

[If yes] Date of death(MM/DD/YYYY): _____ ☐ Unknown

[If yes] In what condition was the animal found? *(Select all that apply)*

☐ Fresh

☐ Stranded

☐ Scavenged

☐ Unknown

☐ Decomposed

If reporting a group of animals:

How many animals were affected? _____ ☐ Number is an estimate

Did any of the animals die?

- ☐ Yes ☐ No ☐ Unknown

[If yes] How many animals died? _____ ☐ Number is an estimate

[If yes] Date of deaths (MM/DD/YYYY): _____ ☐ Approximation ☐ Unknown

[If yes] Was this event considered a mass die-off? ☐ Yes ☐ No ☐ Unknown

[If yes] In what condition were they found? *(Select all that apply)*

☐ Fresh

☐ Stranded

☐ Scavenged

☐ Unknown

☐ Decomposed

Is the setting of the exposure the same as the HAB event reported?

- ☐ Yes ☐ No ☐ Unknown

How did exposure occur? *(Select all that apply)*

☐ Inhalation (e.g. walking near water)

☐ Other (specify): _____

☐ Direct Contact (e.g. swimming/playing/walking in water)

☐ Unknown

☐ Ingestion (e.g. algal mat, drinking water)

SIGNS OF ANIMAL ILLNESS

Date of illness onset(MM/DD/YYYY):_____ ☐Unkonwn

Approximate time of illness onset:

☐ Early morning (12:00AM – 6:00AM)

☐ Evening (6:00PM – 9:00PM)

☐ Morning (6:00AM – 12:00 PM)

☐ Night (9:00PM – 12:00AM)

☐ Afternoon (12:00PM – 6:00PM)

☐ Unknown

Date of illness recovery (MM/DD/YYYY):_____ ☐Unknown

Approximate time of illness recovery:

☐ Early morning (12:00AM – 6:00AM)

☐ Evening (6:00PM – 9:00PM)

☐ Morning (6:00AM – 12:00 PM)

☐ Night (9:00PM – 12:00AM)

☐ Afternoon (12:00PM – 6:00PM)

☐ Unknown

Time of illness onset after exposure:

☐ ≤3 hours ☐ >3 ≤ 12 hours ☐ >12 ≤ 24 hours ☐ >24 ≤48 hours ☐ >48 hours ☐ Unknown

Commonly Reported Signs	Yes/No/Unknown
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Lethargy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Ataxia (stumbling, loss of balance)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Anorexia (loss of appetite)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Seizure/Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Weakness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Other signs of illness (*Select all that apply*): _____

Did any signs of illness reoccur after multiple exposures?

☐Yes ☐No ☐Unknown

MEDICAL INFORMATION

Did the animal(s) receive any veterinary medical care or treatment?

☐Yes ☐No ☐Unknown

[If yes] [Group of Animals] How many received veterinary care or treatment? _____

At the time of exposure was the animal(s) considered immunocompromised?

☐Yes ☐No ☐Unknown

At the time of exposure did the animal(s) have a chronic disease?

☐Yes ☐No ☐Unknown

[If yes] Specify chronic disease: _____

ANIMAL LABORATORY TESTING

Were clinical specimens tested?

☐Yes ☐No ☐Unknown

[If yes] What type(s) of clinical testing were done to diagnose the illness or rule out other causes? (*Select all that apply*)

☐Bloodwork

☐Imaging (e.g., x-ray, ultrasound, etc.)

☐Fecal analysis

☐None

☐Toxicological Analysis

☐Other (specify) _____

☐Urinalysis

☐Unknown

ANIMAL TESTING RESULTS

In the table below, please report any laboratory results of clinical specimens that were tested for algal/cyanobacterial toxins or species—more extensive results may be attached to this report)

Clinical SpecimenNumber	1	2	3
Result Detected?			
Specimen Collection Date (MM/DD/YYYY)			
Specimen Type (e.g., Blood)			
Classification (e.g., Cyanobacteria)			
Genus or toxin (e.g., <i>Microcystis</i>)			
Species (e.g., <i>aeruginosa</i>)			

Concentration (e.g., 20)			
Unit (e.g., ppm)			
Test type (e.g., ELISA)			

ANIMAL TESTING RESULTS REMARKS (Remarks should NOT include PII, CCI, other identifiers, webpage links, or additional location information. Remarks should ONLY include information about the sample, test results, if whole blood what color tube top, or other relevant laboratory information.): _____

GENERAL REMARKS (Remarks should NOT include any PII, CCI, other identifiers, webpage links, or lab/sample/testing information. Remarks should only include relevant information not captured in the form.): _____
