

**NAPA COUNTY**

**Public Health Division**



**FAX COVER SHEET**

**Fax: 707-299-4479**

**Attn: Medical Secretary**

Or mail to Medical Secretary, 2344 Old Sonoma Rd., Bldg. G, Napa, CA 94559

**ANIMAL DISEASE/DEATH REPORTING FORM**

**SUSPECTED DISEASE/CONDITION BEING REPORTED:** \_\_\_\_\_

\_\_\_\_\_

**ANIMAL INFORMATION**

**Type of Animal Involved:** Domestic pet \_\_\_\_ Livestock \_\_\_\_ Wild animal \_\_\_\_  
Exotic \_\_\_\_ Zoo animal \_\_\_\_

**Number of Animals:** One \_\_\_\_ Multiple (give number) \_\_\_\_

**Species of Animal:** \_\_\_\_\_

**Other Identifying Information:**

**Breed** \_\_\_\_\_ **Color** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Other** \_\_\_\_\_

**Age** \_\_\_\_\_ **Name** \_\_\_\_\_

**Date of onset of Condition:** \_\_\_\_\_

**Date of Death(s), if applicable:** \_\_\_\_\_

**REPORTING PERSON/VETERINARIAN INFORMATION:**

**Name:** \_\_\_\_\_

**Clinic/Location Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**ANIMAL OWNER (if owned) INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**ANIMAL LOCATION (if different from owner's residence):**

**Premise owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**or location description:** \_\_\_\_\_

**City, Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_