

Ryan Quarles
Commissioner



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Kentucky Department of Agriculture
A Consumer Protection and Service Agency

REPORTABLE DISEASE FORM

DATE: _____ RECEIVED BY: _____

REPORTED BY: Owner Vet Lab Other _____

SUBMITTER INFORMATION:

Name: _____

Address: _____

City/Zip: _____

Phone: _____

ATTENDING VETERINARIAN (IF NOT ABOVE) _____

ANIMAL INFORMATION:

Species: _____

Description: _____

Identification: _____

Location: _____

Contact Person: _____ Phone: _____

DISEASE:

Disease Suspected: _____ Date of Onset: _____

Symptoms: _____

Diagnostic tests: _____

Tested by (Lab Name/Location): _____

Confirmed: Yes Pending (Remarks) _____

Duration of Illness: _____

Outcome: Alive Currently Treated Died Euthanized

Environment: Farm Public Facility Cohorts Travel/Exposure

Details: _____

