

REPORTING INSTRUCTIONS

Reporting agent should complete the form and fax to **416-696-4297**

OR

To report by telephone:

Call **416-338-7600** (weekdays 8:30 am to 4:30 pm)

Call **311 / 416-392-CITY** (evenings, weekends & statutory holidays) only if the case is urgent.

Reporting Information

Reporting Date (mm/dd/yyyy)		Reporting Agency File No.	Animal ID # (if applicable)		
Veterinarian First Name	Veterinarian Last Name (or Single Name)		Telephone Number (incl. ext.)		
Organization (clinic name)					
Veterinarian Address (No. & street)		Unit	City	Province	Postal Code
Reportable Zoonotic Disease (select the zoonotic disease being reported)					
Avian Chlamydiosis <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Novel Influenza <input type="checkbox"/> <i>Echinococcus multilocularis</i> infection <input type="checkbox"/>					
Report Type					
Suspect, No Lab Tests Taken <input type="checkbox"/> Suspect, Lab Results Pending <input type="checkbox"/> Confirmed (attach lab results) <input type="checkbox"/>					

Animal Information

Animal Name	Animal Species	Animal Description			
Current Health Status of Animal	Clinical Sign(s) of illness			Onset Date of Clinical sign(s)	
Alive and well <input type="checkbox"/> Sick <input type="checkbox"/> Dead <input type="checkbox"/>					
Current Animal Location No. & street		Unit	City	Province	Postal Code

Animal Owner Information

Owner/Custodian First Name	Owner/Custodian Last Name (or Single Name)	Telephone Number			
		Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			
Owner/Custodian Address (No. & street) Same as Current Animal Location <input type="checkbox"/>		Unit	City	Province	Postal Code