



State of New Jersey Department of Agriculture
 Division of Animal Health

PO Box 330, Trenton, NJ 08625
www.state.nj.us/agriculture

NEUROLOGIC WORKSHEET

Division Telephone: (609) 671-6400

Fax: (609) 671-6414

(Specimens submitted for testing become property of the laboratory and may be tested as part of Federal or State surveillance programs. Please contact the laboratory to discuss if private cremation of animal remains is desired.)

| |
|---------------------|
| Lab Use Only |
| Accession #: |
| Date: |
| Section: |

| | |
|----------------------------|-------------------------|
| Veterinarian Name: | Address: |
| Telephone #: | |
| Fax #: | |
| Animal Owner's Name | Owner's Phone #: |

LOCATION OF ANIMAL

| | | | | |
|--|--------------------------------------|--|-------------------------------|-------------------|
| Stable/Farm Name: | Street Address: | | | |
| Animal's Travel History: | City/Municipality: | | County: | |
| | Zip Code: | | | |
| Name of Animal: | | | | |
| Circle appropriate info: male neutered male female pregnant female immature male immature female | | | | |
| Age: | Breed: | | | |
| Color: | ID (Tattoo, tag, brand, etc): | | | |
| Status of Animal (circle appropriate info) | | | | |
| Alive | Died <i>Date of death:</i> _____ | Euthanized | <i>Date euthanized:</i> _____ | |
| Date of Onset of Illness: | | Date of Initial Veterinary Examination: | | |
| Circle Signs Observed: | front ataxia | eating grain | rear ataxia | quad ataxia |
| hindlimb weakness | agitation | hypersensitivity | aggression | inability to rise |
| muscle fasciculation | anorexia | disorientation | hypermetria | stumbling/falling |
| excessive sweating | circling | apprehension | volcalization | teeth grinding |
| eating hay | star gazing | depression | other: | |
| Circle Type(s) of Treatment: | DMSO | corticosteroids | fluids | |
| | banamine | bute | anti-serum | |
| | antibiotics | other: | | |

| | |
|--|---|
| Name of Animal: | |
| Laboratory Specimens Collected (circle appropriate info): blood brain other: | |
| Date Specimens Collected: _____ | Lab to which specimen(s) sent: _____ |

VACCINATION HISTORY

| | | | | |
|---|-------------------------------------|--|-------|---------|
| Is animal vaccinated (please circle one): | | Yes | No | Unknown |
| Vaccination: | Date of Vaccination: | Vaccination Given by: (circle appropriate info) | | |
| EWT | | vet | owner | other: |
| Rabies | | vet | owner | other: |
| Rhino | | vet | owner | other: |
| EPM | | vet | owner | other: |
| BOT | | vet | owner | other: |
| Other: | | vet | owner | other: |
| WNV | Date of Initial Vaccination: | vet | owner | other: |
| WNV | Date of 2nd dose of initial series: | vet | owner | other: |
| WNV | Date of Booster: | vet | owner | other: |
| Brand Name of WNV Product Used: | | | | |

Circle appropriate answers:

Does the animal have any possible bite wounds? Yes No

Have humans been bitten or exposed to saliva? Yes No

If yes, how many people were exposed? _____

Is the animal isolated from other animals? Yes No

Has a local health department been notified? Yes No

If yes, what county? _____

Are there other animals at this location? Yes No

If yes, please list species and number of each species: Species: _____ Number: _____

Species: _____ Number: _____ Species: _____ Number: _____

Are any of the other animals sick? Yes No

If yes, please list species and number sick: Species: _____ Number: _____

Species: _____ Number: _____ Species: _____ Number: _____