

Pennsylvania Department of Agriculture, Bureau of Animal Health and Diagnostic Services
Equine Encephalitis Sample Submission Form

Submission Date _____

Veterinarian _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Owner _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Fax _____

Animal Name _____ Age _____

Breed _____ Sex _____

Travel history within last month _____

Tests requested _____

CLINICAL SIGNS (check all that apply)

Date on onset: _____

Ataxic: front rear

Down, unable to rise

Down, able to rise with assistance

Circling: left right

Hypermetric

Hypersensitive around head

Muzzle twitching

Muscle fasciculations

Proprioceptive deficits

Fever: temperature: date: _____

Other: _____

Sample(s) collected:

Date collected: _____ Submitted to: _____

Was a postmortem examination done? yes no

Medications/Treatments:

Analgesics Tranquilizers

IV fluids Other: _____

Response to Treatment: good poor none

Current status: alive dead, date of death: _____

Euthanized, date of euthanasia: _____

Convalescent sample collected

Date: _____ Sent to: _____

Other horses on premises: Number: _____

Showing similar symptoms: yes no

VACCINE	IF CHECKED, DATE(S) OF LAST VACCINE
WNV	_____
EEE/WEE	_____
Rabies	_____
Rhinopneumonitis (EHV)	_____
Lyme Disease	_____
Tetanus	_____
EPM	_____

Questions?

Contact Dr. Jeanine Staller at PVL (717) 787-8808 or Dr. Nan Hanshaw Roberts at nroberts@state.pa.us (717) 783-6897.

This information will be added to that collected by other states and will be submitted to the USDA.