

MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
 DIVISION OF ANIMAL AND PLANT HEALTH
 28 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0028
 TELEPHONE: (207) 287-3701 FAX: (207) 624-5044

Disease Reporting Form

According to Sec. 32. 7 M.R.S.A. §1801 and 01-001 Chapter 206:Prevention and Control of Certain Diseases of Domestic Animals and Poultry, diseases or pathogens must be reported to the Maine Department of Agriculture, Division of Animal Health and Industry. Please complete and fax this form to 207/624-5062

Date of Report _____

Reporting Person/Veterinarian's Name, License Number, Clinic/Hospital Name:

 Last Name First Name License Number Clinic/Hospital Name

Reporting Person/Veterinarian's Telephone and Fax Number:

 Telephone Number Fax Number

Name of disease, pathogen or syndrome: _____ Check one of the following: Suspicion ___ Confirmed ___

Location of Animals:

Owner's Address:

 Street

 Name phone number

 City County

 Street

 State Zip

 City County State Zip

Please fill in the following information (if applicable):

Onset Date	Type of Species	Number affected/dead	Age(s)	Gender(s)

Actions taken prior to notification of the Division of Animal Health and Industry? (ie, diagnosis tests/results, etc.)

Name of private or state laboratory used for sample testing:

Name of Private or State Laboratory Used where diagnosis was accomplished:

Recent Travel History (if applicable):

State/Country Dates
 _____ from ___/___/___ to ___/___/___
 _____ from ___/___/___ to ___/___/___
 _____ from ___/___/___ to ___/___/___