



Report of Animal Chagas Disease

Case Information

Species/Breed: _____ Name: _____ Age: _____

Sex: _____ Sterilized _____ County where animal resides: _____

Lab Findings

Laboratory: _____ Diagnosis/Collection Date: _____

Test performed and result: _____

Compatible Clinical Signs (Please circle response): Yes No

Reporting Veterinarian: _____ Clinic Phone: _____

Clinic Name: _____ Email: _____ Fax: _____

Clinic Address: _____ City: _____ ZIP: _____

Owner's Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

EPIDEMIOLOGIC INFORMATION (OPTIONAL)

Information to Aid in Client Educational Efforts Surrounding Chagas Risk (Please circle responses)

Are Triatomines present where the animal is housed/kenned? YES NO UNKNOWN

Has any human at this residence tested positive for Chagas disease? YES NO UNKNOWN

Is there a history of contact with Triatomines? YES NO UNKNOWN

Is the animal primarily housed outside? YES NO UNKNOWN

Does the animal have any history of travel to Latin America? YES NO UNKNOWN

Are other animals present at the residence/kennel? YES NO UNKNOWN

Have any other animals from this residence/kennel been diagnosed with Chagas disease?
 YES NO UNKNOWN

 If Yes, please provide details: _____

Has the owner been counseled and educated about Chagas disease? YES NO UNKNOWN

For DSHS Central Office Use Only:

Case Classification: Probable Confirmed

Mail to: Regional Veterinarian
 or
 Zoonosis Control Branch
 Mail Code 1956
 PO Box 149347
 Austin, TX 78714-9347

OR

Fax to: Regional Veterinarian
 or
 Zoonosis Control Branch
 (512) 776-7454