# Neurologic Disease Worksheet

**Veterinarian Name:**

**Address:**

**Telephone #:**

**Fax #:**

**Animal Owner's Name**

**Owner's Phone #:**

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**Location of Animal**

**Stable/Farm Name:**

**Street Address:**

**Animal's Travel History:**

**City/Municipality:**

**County:**

**Zip Code:**

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**Name of Animal:**

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**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
- Euthanized

**Date of death:**

**Date euthanized:**

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**Date of Onset of Illness:**

**Date of Initial Veterinary Examination:**

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**Circle Signs Observed:**

- front ataxia
- rear ataxia
- quad ataxia
- hindlimb weakness
- agitation
- hypersensitivity
- aggression
- inability to rise
- muscle fasciculation
- anorexia
- disorientation
- hypermetria
- stumbling/falling
- excessive sweating
- circling
- apprehension
- vocalization
- teeth grinding
- eating hay
- star gazing
- depression
- eating grain

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**Circle Types(s) of Treatment**

- DMSO
- corticosteroids
- fluids
- antibiotics
- banamine
- bute
- anti-serum
- Other:__________________________________________________________

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Neurologic Disease Worksheet Continued on Page 2
**Neurologic Disease Worksheet (continued)**

**Name of Animal:**

**Laboratory Specimens Collected** (circle appropriate info):  
- blood  
- brain

<table>
<thead>
<tr>
<th>Date Specimens Collected:</th>
<th>Lab to which specimen(s) sent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>_____________________________</td>
</tr>
</tbody>
</table>

**Vaccination History of Animal**

If unknown, please check box:  
- [ ]  
If NOT vaccinated, please check box:  
- [ ]

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date of Vaccination</th>
<th>Vaccination Given by: (circle appropriate info)</th>
</tr>
</thead>
</table>
| 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: ___________________ |

Circle Name of WNV Product Used:  
- Ft. Dodge  
- Merial  
- Other

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: _________

Are any of the other animals sick?  
- Yes  
- No

If yes, please list species and number sick:  
- Species: ____________  
- Number: _________

Species: ____________  
- Number: _________
Species: ____________  
- Number: _________