



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture & Consumer Services  
Division of Animal Industry  
Bureau of Animal Disease Control

**ARBOVIRAL ENCEPHALITIS  
CASE INFORMATION FORM**

Contact:

Equine Programs Office  
407 S. Calhoun St.  
Tallahassee, FL 32399-0800

850-410-0900 Fax: 850-410-0919

[www.FDACS.gov/ai](http://www.FDACS.gov/ai)

585.145, Florida Statutes

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

**Submitter: Please send this completed form along with collected samples to the Bronson Animal Disease Diagnostic Laboratory at:  
2700 N John Young Pkwy, Kissimmee, FL 34741 Phone (321) 697-1400**

FOR LAB USE ONLY

If submitting split samples, send copies of completed form (both pages) to each laboratory used. If samples are not being submitted, please send the completed form to Equine Programs Office, Division of Animal Industry, Fax 850-410-0919. Hard copies can be mailed to the address shown above.

County

Date Reported

**Premises GPS** (5 decimal digits)

Latitude

Longitude

Premises ID Number

FDACS/USDA Veterinarian(s) or Inspector(s) Assigned: \_\_\_\_\_

<b>Reported By</b>	Name	Title/Occupation
	Business/Affiliation	
	Mailing Address	Physical Address (if different)
	Phone #	Fax #
	Mobile #	Pager #
	Email	
<b>Premises Information</b>	Name	Title/Occupation
	Premises/Farm Name	
	Mailing Address	Physical Address (if different) ( <b>Where Horse Resides</b> )
	Phone #	Fax #
	Mobile #	Pager #
	Email	

## Arboviral Encephalitis Case Information Form (continued)

<b>Horse Information</b>	Name/Animal Identification	Date of onset of clinical symptoms
	Breed	Age
	Sex (Male/Female/Gelding)	Vaccination Status (History)
	Status of Horse: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Critical Recovering as of (Date):	Date of Death: _____ Buried? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Showing clinical symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Death: _____ Natural causes _____ Euthanasia _____ Other:
	Has the horse traveled off premises, in the past 4 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe (when and where).	

<b>Samples</b>	Number of samples taken.	Date samples taken:
	Samples submitted to FDACS Kissimmee Diagnostic Laboratory	
	Sample type: <input type="checkbox"/> Blood <input type="checkbox"/> Brain <input type="checkbox"/> Other:	Date Sent:
	Samples submitted to USDA National Veterinary Services Laboratory (NVSL)	
	Sample type: <input type="checkbox"/> Blood <input type="checkbox"/> Brain <input type="checkbox"/> Other:	Date Sent:
	Samples submitted to Florida DOH Laboratory	
	Sample type: <input type="checkbox"/> Blood <input type="checkbox"/> Brain <input type="checkbox"/> Other:	Date Sent:

<b>Clinical Presentation/History</b>	History:	
	Clinical Presentation: <input type="checkbox"/> Apprehension <input type="checkbox"/> Depression <input type="checkbox"/> Elevated Temperature <input type="checkbox"/> Head Shaking <input type="checkbox"/> Muscle Twitching	<input type="checkbox"/> Incoordination <input type="checkbox"/> Weakness of Hind Limbs <input type="checkbox"/> Inability to Stand <input type="checkbox"/> Aimless Wandering <input type="checkbox"/> Head Pressing <input type="checkbox"/> Listlessness

Comments/Additional Information:	Attach additional pages as needed.
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