



# REPORTABLE ANIMAL DISEASE FORM

AH-272

MDARD-ANIMAL INDUSTRY DIVISION  
P.O. Box 30017, Lansing, MI 48909  
PHONE: 800-292-3939  
FAX: 517-241-1560

**Submit Completed form to: [MIreportableanimal@michigan.gov](mailto:MIreportableanimal@michigan.gov)**

Disease/Condition Reported or Suspected:		Name of Person Reporting:		Date Form Completed:	
Title (owner, veterinarian, LVT, clinic staff, barn manager, etc.):		Phone:		E-mail:	
Are there lab results? Yes No Pending <i>If yes, please attach results or send when available.</i>		If yes, lab name:		Date Sample Submitted:	
Species:		List other species on the premises:			
Is affected animal part of a group/flock/school/herd? Yes No		Group/Flock ID (if applicable):		# in Group:	# Sick: # Dead:
ANIMAL IDENTIFICATION INFORMATION				ANIMAL STATUS	
Name and/or ID# (official identification, microchip, tattoo, brand)	Breed	Sex	Age	What is the current status of the animal?	Has the animal or any member of the animal's group been away from its home premises in the last 30 days?
		F Intact F Spayed M Intact M Neutered		Alive Euthanized Died of Disease Died (Other Reasons)	If dead, date of death: Yes No If Yes, Where?:
CASE HISTORY					
Examined by Veterinarian: Yes No		Date Examined:	Date of Onset of Clinical Signs:	List Primary Clinical Signs:	
Vaccinated against suspected disease? Yes No N/A Unknown		If Y, date of expiration:	Vaccinated by: Veterinarian Other:	<b>IF THIS IS A ZOOBOTIC DISEASE, HAS THE OWNER BEEN COUNSELED ON DISEASE PREVENTION?</b> Yes No	
EXPOSURE HISTORY					
Have new animals been brought onto the animal's home premises in the last 30 days? Yes No					
If yes, provide name, breed, sex, age, current status of animal, where animal originated from:					
List any known exposure that may have led to this condition:					
ANIMAL OWNER INFORMATION					
Owner Last Name:		Owner First Name:		Street Address (No PO Box):	
City:		State:		Zip:	
County:		Phone:		E-mail:	
ANIMAL LOCATION INFORMATION (check box if same as animal owner) <span style="color: red;">SAME AS OWNER</span>					
Business/Facility Name (if applicable):					
Business/Facility Type: Animal Shelter Farm Kennel Rescue Vet Office Other: Boarding/training Foster Home Racetrack Research Zoo					
Contact Last Name:		Contact First Name:		Street Address (No PO Box):	
City:		State:		Zip:	
County:		Phone:		E-mail:	
VETERINARIAN INFORMATION					
Veterinarian Last Name:		Veterinarian First Name:		Business Name:	
Business Address:		City:		State:	
Zip:		Phone:		E-mail:	
Additional Information (optional):					

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