



VETERINARY PUBLIC HEALTH PROGRAM

Psittacosis Reporting Form



Instructions: Use this form to report suspected and confirmed cases of psittacosis to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. For a complete list of reportable animal diseases and conditions, and reporting forms, please visit our website: <http://publichealth.lacounty.gov/vet/>.

Date form completed: _____ Please submit completed form to: vet@ph.lacounty.gov OR fax to (213) 481-2375.

1. Bird Information			
Name:	Species:	Sex (if known):	Age:
2. Bird Owner Information			
First name:		Last name:	
Address:		City:	Zip:
Phone:		E-mail:	
3. Reporting Veterinarian			
Name of veterinarian:		Clinic name:	
Phone:		E-mail:	
4. History			
How long has this person owned the bird?		Date the bird was obtained if known:	
Where did the owner obtain the bird? <input type="checkbox"/> Pet store <input type="checkbox"/> Shelter/rescue <input type="checkbox"/> Breeder <input type="checkbox"/> Private party <input type="checkbox"/> Other			
Name of facility/party: _____		Phone: _____	
Address of facility/party: _____		Email: _____	
Are there other birds on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, how many/what species _____			
Are there other birds that are currently ill on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, describe how many, what species and clinical signs _____			
Were any new birds brought onto the property recently? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, explain _____			
Is there any known respiratory illness in humans that handled this bird or other sick birds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, provide names/phone/address for those that are ill _____			
Type of housing of the infected bird: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both			
5. Clinical Findings			
Onset date:		Presentation date:	Date of death (if applicable):
Check all that apply: <input type="checkbox"/> No clinical signs <input type="checkbox"/> Lethargy <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Ocular/nasal discharge			
<input type="checkbox"/> Ruffled feathers <input type="checkbox"/> Sudden death <input type="checkbox"/> Diarrhea <input type="checkbox"/> Yellow/green urates <input type="checkbox"/> Other: _____			
6. Diagnostics (please submit laboratory results with this form)			
Date: _____		<input type="checkbox"/> PCR <input type="checkbox"/> Serology <input type="checkbox"/> Fecal antigen <input type="checkbox"/> Culture Result: _____	
7. Treatment			
Date: _____		Medication, dose, duration: _____	
7. Client Education			
I discussed the zoonotic potential of <i>Chlamydia psittaci</i> with the client			<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner directed on proper cleaning/disinfection/PPE to wear when handling a sick bird (mask, gloves, eye protection, change clothes, do not aerosolize dry droppings)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner directed to not take the bird off their property or to public places, except to a vet for care			<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinary Public Health will contact the owner to discuss psittacosis and a 45-day quarantine for their bird.			
Click on the links for resources: Psittacosis and Avian Chlamydiosis Checklist for Owners of Infected Birds			
Psittacosis Prevention Checklist for Pet Stores and Aviaries			

PLEASE SUBMIT LABORATORY RESULTS WITH THIS FORM AND EMAIL TO: vet@ph.lacounty.gov