

### EHRlichia canis SURVEILLANCE INVESTIGATION FORM (DOGS)

Provide the sheet as an attachment to the [Specimen Advice Sheet](#). The epidemiological information identified in this supplement is required for each dog (i.e. one dog per investigation form).

Please fill in ALL relevant information.

<b>SUBMITTER DETAILS</b>			
Submitters name:		Clinic:	
<b>DOG OWNER DETAILS</b>			
Name:			
Address:			
<b>DOG DETAILS</b>			
Name:		Sample ID:	
Dog type:	<input type="checkbox"/> Companion dog	<input type="checkbox"/> Community dog	<input type="checkbox"/> Wild dog <input type="checkbox"/> Other
<b>TRAVEL HISTORY OF SUBMITTING DOG (last 12 months)</b>			
Western Australia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Northern Territory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Overseas travel:	<input type="checkbox"/> Yes - if so where? _____		<input type="checkbox"/> No <input type="checkbox"/> Unsure
Other travel information (e.g. other areas / travel history of owner):			
<b>TRAVEL HISTORY OF OTHER DOGS IN THE HOUSEHOLD (last 12 months)</b>			
Other dogs in the household:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if No, go to next section )
Western Australia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Northern Territory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Overseas travel:	<input type="checkbox"/> Yes - if so where? _____		<input type="checkbox"/> No <input type="checkbox"/> Unsure
Other travel information (e.g. other areas):			
<b>TICK INFESTATION</b>			
Degree of infestation:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5 ticks	<input type="checkbox"/> 6-19 ticks <input type="checkbox"/> 20+ ticks
Suspected tick species:	<input type="checkbox"/> Brown dog tick	<input type="checkbox"/> Bush tick	<input type="checkbox"/> Other (please specify) _____
Ticks submitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tick prevention used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Product details:
Frequency of tick prevention used:	<input type="checkbox"/> Regular		<input type="checkbox"/> Sporadic
Tick treatment used on all dogs (if multidog household):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CLINICAL SIGNS</b>			
<input type="checkbox"/> Pyrexia	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Nasal discharge	
<input type="checkbox"/> Lethargy	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Ocular discharge	
<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Weakness	<input type="checkbox"/> Dyspnoea	
<input type="checkbox"/> Ocular abnormalities	<input type="checkbox"/> Neurological abnormalities		
<b>Cardiovascular</b>	<input type="checkbox"/> Epistaxis		
<input type="checkbox"/> Anaemia	<input type="checkbox"/> Petachia		
<input type="checkbox"/> Haemorrhage	<input type="checkbox"/> Ecchymoses		
<input type="checkbox"/> Pale mucous membranes	<input type="checkbox"/> DIC		
<input type="checkbox"/> Non-regenerative anaemia			
<input type="checkbox"/> Thrombocytopaenia:			
Mild / moderate / severe (please circle)			
<b>Other</b>			
<input type="checkbox"/> Splenomegaly			
<input type="checkbox"/> Hepatomegaly			
<input type="checkbox"/> Pancytopenia			
Please specify other clinical signs not described above:			
<b>OTHER LABORATORY TESTS</b>			
<input type="checkbox"/> In house laboratory results attached		<input type="checkbox"/> External laboratory results attached	
<b>ADDITIONAL COMMENTS</b>			
Examples: Suspicion of tick borne related illness? History of blood transfusion?			