

Feline Influenza Test Request Form

Veterinary Clinic Name: _____ **Veterinarian Name:** _____

Clinic Address: _____

Phone Number: _____ **Email:** _____ **Client Last Name:** _____

Animal Species: ☐ *Felis domesticus* ☐ Other, specify _____

Pet/Animal Name: _____ **Sex:** ☐ M ☐ MN ☐ F ☐ FS **Age:** _____ **Breed:** _____ **Color:** _____

Medical History

Current Comorbidities (e.g., cancer, asthma, autoimmune): _____

Vaccinated for Rabies? ☐ Yes ☐ No ☐ Unknown **Date of Last Rabies Vaccine:** _____

Clinical Signs, Symptoms, and Laboratory Values

 Check all that apply.

Date of Current Illness Onset: _____

Date of First Veterinary Care Visit for Current Illness: _____

Acute Respiratory Illness	Neurologic Illness	Miscellaneous
<input type="checkbox"/> Oculonasal discharge	<input type="checkbox"/> Encephalopathy	<input type="checkbox"/> Fever
<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Seizures	<input type="checkbox"/> Lethargy
<input type="checkbox"/> Tachypnea	<input type="checkbox"/> Blindness/Chorioretinitis	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Chest X-ray findings consistent with pneumonia	<input type="checkbox"/> Paresis/Paralysis	<input type="checkbox"/> Vomiting
	<input type="checkbox"/> Ataxia	<input type="checkbox"/> Diarrhea

Additional Clinical and Laboratory Findings (including CBC, liver and renal function tests):

Other differential diagnoses/etiologies excluded or pending: _____

Status as of (date) _____: ☐ Recovered ☐ Ill at Home ☐ Hospitalized ☐ Dead/euthanized

Number of other cats in household: _____ **Are other cats ill?** ☐ Yes ☐ No ☐ Unknown

Recent Exposure History Recent history is defined as within 2 weeks prior to onset. Check all that apply.

☐ Consumed raw milk ☐ Consumed raw meat, eggs, or other food intended for human consumption

☐ Consumed raw pet food ☐ Observed hunting and/or consuming wild birds or poultry

☐ Close proximity to or direct contact with infected dairy farms and infected poultry farms

Describe exposure: _____

(Food exposure - type of food, flavor and size of pet food, where purchased, if any still available)

(Animal exposure - nature of exposure, type of bird, and whether animal is sick/dead)

Submission Date: _____