Reset Form

HARMFUL ALGAL BLOOM-RELATED ANIMAL ILLNESS NOTIFICATION

State Form 55580 (3-14)
INDIANA STATE DEPARTMENT OF HEALTH
INDIANA STATE BOARD OF ANIMAL HEALTH

State use only
HABISS #_____
Date _____

Identifying Information for Notifying Party

Name_____
Telephone_____
Address_____
_____
County_____
Animal Owner *(if not notifying party)*
_____

Animal Description

Does the case involve a domestic animal?
☐ Yes ☐ No ☐ Stray ☐ Unknown

Species:

☐ Canine – Breed/Description_____
☐ Livestock – Type_____
☐ Bird – Number Affected_____
☐ Other – Type/Describe_____

Sex ☐ Male ☐ Female ☐ Unknown
Age _____ ☐ Months ☐ Years
Neutered ☐ Yes ☐ No ☐ Unknown
Approximate weight _____ ☐ Pounds ☐ Kilograms
Did the animal receive veterinary care?
☐ Yes ☐ No ☐ Unknown

Clinical Signs and Symptoms

☐ General
☐ Ear, nose, and throat
☐ Respiratory
☐ Cardiovascular
☐ Gastrointestinal
☐ Genitourinary
☐ Musculoskeletal
☐ Neurologic
☐ Dermatologic (skin)

Explain:_____
_____
_____
_____
_____
_____

Notifying Party *(check one)*

☐ General Public
☐ Veterinarian
☐ County Agency
☐ Other *(specify)*:_____
☐ Biologist
☐ State Agency

Exposure Information

Date of exposure ____/____/_____
mm dd yyyy

How long exposed? _____ ☐ Hours ☐ Minutes

Location of exposure
☐ Home/Private Water body
☐ Public Water body
Name of water body_____
Location _____
_____
_____

Environmental Conditions

Visible algae or scum present
☐ Yes ☐ No ☐ Unknown
If yes, what color?_____
Unusual odors
☐ Yes ☐ No ☐ Unknown
Any sick or dead animals (besides case)?
☐ Yes ☐ No ☐ Unknown
If yes species & number_____
Additional information_____
_____
_____
_____

Animal's Current Disposition

☐ Date released *(mm/dd/yyyy)*_____
☐ Still hospitalized (as of *(mm/dd/yyyy)*) _____
☐ Date died *(mm/dd/yyyy)*_____
☐ Don't know

Please **FAX** completed forms to: Indiana State Board of Animal Health: (317) 974-2011 or **E-MAIL** to animalhealth@boah.in.gov.