

# HARMFUL ALGAL BLOOM (HAB) ANIMAL ILLNESS REPORT

Illinois Department of Public Health  
Communicable Disease Control Section  
Phone: 217-782-2016 Fax: 217-524-0962



## Reporting Entity:

- General Public     Veterinarian     Poison Control Center     Biologist  
 Local Agency     State Agency     Other \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ home/work/cell

Address \_\_\_\_\_ County \_\_\_\_\_

Animal Owner Name (if not reporting entity) \_\_\_\_\_

### If reporting a single animal or small group of animals (please fill out a form for each animal):

Animal Type:

- Domestic     Stray     Unknown

Species:

- Dog (breed/description) \_\_\_\_\_  
 Cat (breed/description) \_\_\_\_\_  
 Livestock (type) \_\_\_\_\_  
 Other (describe) \_\_\_\_\_

Animal Characteristics:

Sex:  Male     Female     Unknown

Age: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs

Did the animal receive veterinary care?

- Yes     No     Unknown

*If yes:* Vet clinic name and address:  
\_\_\_\_\_

Did the animal die?

- Yes     No     Unknown

### If reporting a large group of animals (e.g. flock, herd, or school of fish)

Species:

- Livestock (type) \_\_\_\_\_  
 Birds (type) \_\_\_\_\_  
 Fish (type) \_\_\_\_\_  
 Other (describe) \_\_\_\_\_

Number of animals affected \_\_\_\_\_

Did animals receive veterinary care?

- Yes     No     Unknown

*If yes:* Vet clinic name and address:  
\_\_\_\_\_

Did any animals die?  Yes     No     Unknown

*If yes:* What condition were animals found in?  
(check all that apply)

- Fresh     Scavenged     Decomposed  
 Unknown

How many dead animals were counted?  
\_\_\_\_\_

Necropsy performed?  Yes     No     Unknown

**Suspected source of exposure:**

- Public water body (name and location)\_\_\_\_\_
- Home/private water body (name and location)\_\_\_\_\_
- Drinking water (source/location)\_\_\_\_\_
- Other (describe)\_\_\_\_\_

***If exposure source was a water body:***

Visible algae present:                      Odor:                      Describe water body color and appearance:  
 Yes    No    Unknown       Yes    No    Unknown      \_\_\_\_\_

**Exposure details**

Routes(s) of exposure:

- Inhalation    Swallowing/Drinking    Skin contact    Unknown    Other\_\_\_\_\_

Date(s) of exposure:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Total duration of exposure: \_\_\_\_\_minutes/hrs/days

**Symptoms:**

Onset Date of Symptoms \_\_\_\_/\_\_\_\_/\_\_\_\_\_      Duration of Symptoms \_\_\_\_\_ days

General:

- Fever                       Lethargy                       Loss of appetite                       Difficulty walking

Respiratory:

- Cough                       Wheezing                       Rapid breathing

Gastrointestinal:

- Vomiting                       Diarrhea                       Excessive drooling                       Lip licking/gagging

Neurologic:

- Weakness                       Stumbling                       Behavior change                       Paralysis                       Seizure                       Coma

Dermal:

- Rash                       Itching                       Redness/Swelling

Other symptoms (please describe)\_\_\_\_\_

Are you aware of other animals that were exposed and became ill?    Yes    No

*If yes please describe and provide contact info*\_\_\_\_\_

**Please mail or fax completed form to the Illinois Department of Public Health Communicable Disease Control Section. Mailing address: 525 W Jefferson St., Springfield IL 62761. Fax: 217-524-0962**