



# Wyoming Livestock Board Disease Notification Form



Individual Completing Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Owner Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address City State ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Business Name: \_\_\_\_\_

### Veterinarian or Provider Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address City ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

### Disease Information

Disease Name: \_\_\_\_\_

Species Involved: \_\_\_\_\_

Number of Animals Involved: \_\_\_\_\_

Disease Status: Confirmed:  Suspected

Date of Tentative Diagnosis: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Date Diagnosis Confirmed: \_\_\_\_\_ Number of animals dead from reported condition: \_\_\_\_\_

Total number of animals on premises (both ill and unaffected by reported condition): \_\_\_\_\_

Estimated number of animals exposed to those sick from this reportable disease: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### For Office Use Only

WLSB Staff, whom received call & filled out form: \_\_\_\_\_

Zoonotic:  Yes  No

### Reporting Information

Wyoming Livestock Board

1934 Wyott Drive Cheyenne, WY 82002

Business hours: 307-777-7515  
After hours: 307-840-1389