



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 State 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

Please send the completed form to lsbforms-applications@wyo.gov