

***Bartonella* and *Ehrlichia* species infection in Golden Retrievers (should be completed for case AND control dogs)**

Date: _____

Name of Veterinarian: _____

Name of Practice: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone No. _____ Email: _____

Client's Name: _____ Patient's Name: _____

Client/Patient's Address: _____

City: _____ State: _____ Zip code: _____

Sex (circle): male/female Neutered/Spayed (circle): yes/no

Age or date of birth: _____ If unknown, please circle best estimate: <2 yrs. 2-7 yrs. >7 yrs.

Body weight: _____ (circle) kg lb

Breed: _____ (Study limited to Golden Retrievers only)

Lifestyle (circle): Indoor only Outdoor only Indoor/Outdoor

Home (circle): Urban Suburban Rural

Owner observed tick(s) on dog (circle): yes/no If yes, first observed on (date): _____

Location of tick(s) on dog's body at time of presentation. Please be as specific as possible. _____

Owner observed flea(s) on dog (circle): yes/no If yes, first observed on (date): _____

Fleas at time of examination (circle): yes/no

Regular use of any flea and/or tick prevention (circle): yes/no If yes, please indicate type and duration: _____

Cat(s) in household (circle): yes/no If yes, number of cat(s)? _____

Medical history: _____

Chief complaint: _____

Patient travel history: _____

Please attach a copy of the cytology or biopsy report form that confirmed a diagnosis of lymphoma and send when available any laboratory test results associated with the dog's presentation for lymphoma.

For VBDDL Use Only:

Date Sample Received: _____

ID #: _____

IFA Results:

Bartonella spp. _____

Ehrlichia canis _____

Anaplasma phagocytophilia _____

PCR Results:

Bartonella spp. _____

Ehrlichia spp. _____

Anaplasma spp. _____