

Your Ref.

For APHA Use:
APHA Ref No.:
Date Received:

Zoonoses Order 1989

Companion Animal (Dog) *Salmonella* Culture Report Form

Section 1: (to be completed by person/laboratory making the report)	
1.1) Name and address of owner or where the dog is kept: County: _____ Postcode: _____	1.2) Name and address of veterinary practice: County: _____ Postcode: _____
1.3) Name and address of person/laboratory making the report: County: _____ Postcode: _____	
Signature: _____ Date: _____ Date Sample Taken: _____	
1.4) Reason for sample submission (to be completed by submitting laboratory if known, or by Nominated Officer): Zoonoses Order investigation: Voluntary surveillance: non-statutory diagnosis Other (specify): _____	

Section 2: Risk Assessment (to be completed by person/laboratory making the report if information is known):			
2.1) Does the dog regularly visit community centres/care settings to provide support/therapy to the public?	Yes	No	NK
2.2) Has there been any recent human diarrhoea/vomiting illness reported in the household?	Yes	No	NK
2.3) Does the dog have access to farms or livestock?	Yes	No	NK

Section 3: Any other relevant risk information or public health concerns including antibiotic treatments (to be completed by person/laboratory making the report):

Please fill in both pages of this form, once completed please ensure this form is submitted with the isolate.



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Section 4: Supplementary questions (the owner may be contacted to answer these questions as part of an epidemiological investigation)

4.1) Age of animal:	4.8) Animal Feed used: Tick all that apply
4.2) Breed:	4.8.1) Raw meat/frozen raw meat: Yes No
4.3) Sex:	4.8.2) Tinned (cooked) food: Yes No
4.4) Number of dogs on premises:	4.8.3) Dry food: Yes No
4.5) Purpose: pet working dog other (specify):	4.8.4) Animal based treats (pigs' ears etc.): Yes No
4.6) Type of premises: household breeder rescue centre other (specify)	4.8.5) Other (specify):
4.7) Has the dog been imported into the UK within the last two months? No Yes If yes, where from:	

4.9) Duration of clinical signs (if applicable): N/A 0 - 3 days 4 days – 2 weeks > 2 weeks N/K

Specify any illness and clinical history below:

4.9.1) Diarrhoea:	Yes	No	N/K
4.9.2) Vomiting:	Yes	No	N/K
4.9.3) Severe systemic infection:	Yes	No	N/K
4.9.4) Death:	Yes	No	N/K
4.9.5) Other, including additional diagnoses (specify):			

Section 5: (To be completed by the Nominated Officer)

For APHA Use

5.1) Is this case a **potential new incident**? No **Yes (please request TC1197 on FarmFile service request screen)**

5.2) Is this a **'Priority Case'**? No **Yes (specify reason below & tick Priority Case box on ZO3)**

Association with human illness

MDR Group B (see VISI 223)

MDR Group C2 (see VISI 193 & complete table on back of ZO3)

Other (specify)

5.3) Has a *Salmonella* premises investigation (ZO4) been initiated? Yes No

354) Is the Nominated Officer responsible for the premises (1.2a) located at this V.I Centre? Yes No

If 'No', please specify V.I.C. at which 2nd Nominated Officer is located:

5.5) To which Local Authority will this case be reported?

Nominated Officer's comments:

Form checked

Signature:

Date completed: - -

DATA PROTECTION

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.