

**REPORT OF KNOWN OR SUSPECTED
AVIAN CHLAMYDIOSIS (*CHLAMYDIA PSITTACI*)**

NASPHV FORM 100

Date of Report (MM/DD/YYYY)

I. PERSON REPORTING		
Name	Area Code and Telephone Number	
Agency or Practice Name		
Address, City and State		
II. BIRD OWNER		
Name	Area Code and Telephone Number	
Address, City and State		
Other Birds on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exposure History to Other Birds or people that own birds? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date and Site of Exposure:
III. SOURCE OF BIRD		
Type of Bird	Date Purchased or Acquired	
Where Purchased/Acquired (Name of Pet Shop, Aviary or Person)	Area Code and Telephone Number	
Address, City and State		
IV. CLINICAL SIGNS		
Date of Onset of Signs of Illness (MM/DD/YYYY)	Signs (<i>Check all that apply</i>)	
	<input type="checkbox"/> Bird Exhibiting No Clinical Signs	<input type="checkbox"/> Nasal Discharge
	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Ocular Discharge
	<input type="checkbox"/> Ruffled Feathers	<input type="checkbox"/> Lethargy
	<input type="checkbox"/> Emaciation	<input type="checkbox"/> Diarrhea
		<input type="checkbox"/> Dyspnea
		<input type="checkbox"/> Green/Yellow Urates
		<input type="checkbox"/> Other _____
V. DIAGNOSTIC TEST RESULTS		
Test for Antigen: <input type="checkbox"/> Polymerase Chain Reaction (PCR)* Results: _____	Lab Where Test Performed: _____ <input type="checkbox"/> Fluorescent Antibody (FA) Results: _____	
Pathology: <input type="checkbox"/> Necropsy Whole Bird Results: _____ <input type="checkbox"/> Tissue Samples Results: _____	Lab Where Test Performed: _____	
Culture: Specimen: _____	Lab Where Test Performed: _____ Results: _____	
Serology: <input type="checkbox"/> Complement Fixation Results: _____ <input type="checkbox"/> Elementary Body Agglutination Results: _____ <input type="checkbox"/> Indirect Fluorescent Antibody (IFA) Results: _____	Lab Where Test Performed: _____	
Other: _____		
*NOTE: PCR testing is the preferred nonculture method of diagnosing <i>C. psittaci</i>		
VI. ZONOTIC POTENTIAL		
Has veterinarian discussed zoonotic disease potential with bird owners? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any exposed persons showing symptoms of psittacosis-like illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List Names of Ill Persons and Contact Phone Number: _____		

Contact the appropriate public health or agricultural agency in your state to submit this information		