

## Appendix B

### Feline Influenza Test Request Form

**Veterinary Clinic Name:** \_\_\_\_\_ **Veterinarian Name:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Client Last Name:** \_\_\_\_\_

**Animal Species:** ☐ *Felis domesticus* ☐ Other, specify \_\_\_\_\_

**Pet/Animal Name:** \_\_\_\_\_ **Sex:** ☐ M ☐ MN ☐ F ☐ FS **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

#### Medical History

**Current Comorbidities** (e.g., cancer, asthma, autoimmune): \_\_\_\_\_

**Vaccinated for Rabies?** ☐ Yes ☐ No ☐ Unknown **Date of Last Rabies Vaccine:** \_\_\_\_\_

#### Clinical Signs, Symptoms, and Laboratory Values

 Check all that apply.

**Date of Current Illness Onset:** \_\_\_\_\_

**Date of First Veterinary Care Visit for Current Illness:** \_\_\_\_\_

Acute Respiratory Illness	Neurologic Illness	Miscellaneous
<input type="checkbox"/> Oculonasal discharge	<input type="checkbox"/> Encephalopathy	<input type="checkbox"/> Fever
<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Seizures	<input type="checkbox"/> Lethargy
<input type="checkbox"/> Tachypnea	<input type="checkbox"/> Blindness/Chorioretinitis	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Chest X-ray findings consistent with pneumonia	<input type="checkbox"/> Paresis/Paralysis	<input type="checkbox"/> Vomiting
	<input type="checkbox"/> Ataxia	<input type="checkbox"/> Diarrhea

**Additional Clinical and Laboratory Findings (including CBC, liver and renal function tests):**

\_\_\_\_\_  
\_\_\_\_\_

**Other differential diagnoses/etiologies excluded or pending:** \_\_\_\_\_

**Status as of (date)** \_\_\_\_\_: ☐ Recovered ☐ Ill at Home ☐ Hospitalized ☐ Dead/euthanized

**Number of other cats in household:** \_\_\_\_\_ **Are other cats ill?** ☐ Yes ☐ No ☐ Unknown

**Recent Exposure History** Recent history is defined as within 2 weeks prior to onset. Check all that apply.

☐ Consumed raw milk ☐ Consumed raw meat, eggs, or other food intended for human consumption

☐ Consumed raw pet food ☐ Observed hunting and/or consuming wild birds or poultry

☐ Close proximity to or direct contact with infected dairy farms and infected poultry farms

**Describe exposure:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Food exposure - type of food, flavor and size of pet food, where purchased, if any still available)

(Animal exposure - nature of exposure, type of bird, and whether animal is sick/dead)

**Submission Date:** \_\_\_\_\_