



Links



NAHRS Monthly Report:

> California Submission May, 2020

Properties



Accession Number	Unknown
Collection State	California
Date Specimen Collected	May 13, 2020
Date Specimen Received	No value
Date Testing Completed	No value
Animal Id	FDdrm
Species	Felis catus

SARS-CoV-2 Reporting

Additional Epidemiological Details

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0299. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

OMB Approved 0579-0299 EXP: XX/XXXX

Please provide any additional epidemiological details about the animal referenced above who was sampled and tested for SARS-CoV-2, the virus causing COVID-19 in humans

0. Name and Title of Official

* Provide the name of the official completing this form:

John Snowy

Provide First and Last name, i.e. John Snowy

Provide the title of the official completing this form:

VMO

e.g. VMO, SAHO, Wildlife Official

1. Relevance to Other Animals

Will the information you provide in this form apply to other animals from the same premises which have also been tested for SARS-CoV-2?

☒ Yes ☐ No

Please provide the Accession number(s) and/or Animal ID(s) for all such animals (preferred) or the total number of all such animals, if more detailed information is unknown

Accession number

102567-20 x

x

Animal ID

/DgIR x

+vEDC x

x

From the premises of the animal currently being reported on, how many other animals have been tested for SARS-CoV-2?

4

^

v

2. Age

* What was the age of this animal at the time of sampling?

15

1. Enter number

☐ Days

☒ Weeks

☐ Months

☐ Years

2. Select unit of time

☒ Age is exact

☐ Age is estimated

☐ Age unknown

3. Specify if age is exact, estimated or unknown

3. Breed

* If applicable, what breed is this animal?

Terrier

- ☒ Breed is known
☐ Not applicable
☐ Breed unknown

Specify if breed is known, not applicable to this animal, or unknown

4. Gender

* What is the gender of this animal?

- ☒ Male ☐ Female ☐ Unknown gender

5. County

* What county is this animal from?

Larimer

6. Clinical signs

* Which of the following clinical signs did this animal have at the time of sampling?

- ☒ Cough ☐ Shortness of Breath ☐ Fever ☐ Lethargy ☐ Sneezing
☐ Nasal Discharge ☐ Ocular Discharge ☐ Vomiting ☐ Diarrhea
☐ No clinical signs ☐ Unknown ☒ Other

Select all that apply

* Please describe other clinical signs in this animal

Other clinical signs include abdominal pain

* What was the date of onset of this animal's clinical signs?

09/01/2020

- ☒ Date is exact
☐ Date is estimated
☐ Not applicable
☐ Date unknown

Specify if date is exact, estimated, not applicable or unknown

7. Other infections/conditions

* Were any other infections or conditions diagnosed in this animal at the time of sampling?

- ☒ Respiratory disease ☐ Cardiovascular disease ☐ Gastrointestinal disease
☐ Kidney disease ☐ Diabetes ☐ None ☐ Unknown ☒ Other

Select all that apply

* Please describe diagnosed infections or conditions in this animal (Include date of diagnosis, medications prescribed, etc.)

Cancer; aspirin was prescribed

8. Current health status

* What is the current health status of this animal

- ☐ Sick ☐ Euthanized ☐ Died
☒ Recovered ☐ Unknown

* What date did this animal's clinical signs resolve?

10/01/2020

9. Residence type

* What is the type of premises where this animal mostly resides?

- ☐ Single - pet house ☐ Multi - pet household ☐ Farm - Commercial
☐ Farm - Non-commercial ☐ Animal Shelter ☐ Zoo ☐ Research facility
☐ Animal rehabilitation facility ☐ Long-term care facility (e.g. nursing home, etc)
☐ Prison/Jail ☐ Petting Zoo
☐ Group facility (e.g. homeless shelter, retirement community, children/disabled group home, etc)
☐ Feral ☐ Wildlife ☒ Other ☐ Unknown

* Please describe the premises where the animal mostly resides

Animal mostly resides in a barn

10. Other animals on premises

* Do other animals reside on the same premises?

☒ Yes ☐ No ☐ Unknown

* Please list the number and species of other animals and indicate if any were showing clinical signs up to 14 days after this animal's sampling


cat, dog, llama, horse - no signs for any

11. Access to outdoors

* What kind of access to the outdoors does this animal normally have?


☒ Outdoors - contained ☐ Outdoors - free roaming ☐ Indoors ☐ Unknown

Select all that apply

* Please elaborate if this animal normally accesses a COVID-19 high-risk county/counties 

Animal has contact with Weld

12. Contact with suspect/confirmed source

* In the 14 days prior to its sampling, has this animal had contact (within six feet) with positive or suspected positive COVID-19/SARS-CoV-2 persons or animals? 

☒ Yes - Persons ☐ Yes - Animals ☐ No - Persons ☐ No - Animals

☐ Unknown - Persons ☐ Unknown - Animals

Select all that apply

Please elaborate on contact with positive or suspected positive COVID-19/SARS-CoV-2 persons or animals

dogwalker 5x a week with 6 dogs

Include frequency, location and nature of contact, etc

13. The next two questions ask about whether or not the affected animal has had any contact with a caretaker who has high-risk COVID-19 or SARS-CoV-2 case contacts

Contact with a caretaker means the affected animal has been within six feet of a caretaker. Examples of caretakers include pet owners, kennel or shelter staff, zookeepers, mink farm workers, nursing home or other long-term care facility workers and medical professionals such as nurses, physicians, veterinarians, animal health technicians, etc

Caretakers should be considered to have high-risk COVID-19 contact if they have been within six feet of a person that has been confirmed or suspected to have COVID-19. Please use the following link to review the CDC case definition for COVID-19 (human) <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

Caretakers should be considered to have high-risk SARS-CoV-2 contact if they have been within six feet of an animal that has been confirmed or suspected to be infected with SARS-CoV-2. Please use the following link to review the CDC case definition for SARS-CoV-2 (animal): https://www.aphis.usda.gov/animal_health/one_health/downloads/SARS-CoV-2-case-definition.pdf

In the 14 days prior to its sampling, did this animal have contact with a caretaker who had high-risk COVID-19 contact?

☒ Yes ☐ No ☐ Unknown

Please elaborate on contact with caretakers who had high-risk COVID-19 contact.

dogwalker 5x a week and also frequent doctor visits

Include frequency, location and nature of contact, etc

In the 14 days prior to its sampling, did this animal have contact with a caretaker who had high-risk SARS-CoV-2 contact?

☒ Yes ☐ No ☐ Unknown

Please elaborate on contact with caretakers who had high-risk SARS-CoV-2 contact.

dogwalker 5x a week - many other dogs and also frequent doctor visits w/ many pets around

Include frequency, location and nature of contact, etc

14. International travel

* In the 14 days prior to its sampling, has this animal traveled outside the USA (for at least one night away)?

☒ Yes ☐ No ☐ Unknown

* Please elaborate on this animal's international travel

went to Japan

Include mode of transportation, duration, temporary residence, etc

15. Domestic travel

* In the 14 days prior to its sampling, has this animal traveled outside its county of residence (for at least one night away)?

☒ Yes ☐ No ☐ Unknown

* Please elaborate on this animal's national travel

went to Boston, MA

Include mode of transportation, duration, temporary residence, etc

16. Contact with international travelers

* In the 14 days prior to its sampling, has this animal had contact (within six feet) with any persons who traveled outside the USA (for at least one night away)?

☒ Yes ☐ No ☐ Unknown

* Please elaborate on person's international travel in addition to this animal's contact with him/her

many friends visited from Germany around this time frame

Include mode of transportation, duration, temporary residence, etc

17. Source of testing recommendation

* Who recommended this animal for SARS-CoV-2 testing?

Homer Snow

Provide First and Last name, i.e. Homer Snow. Type "Unknown" if applicable.

Provide the title of the individual who recommended testing:

DVM, PhD

e.g. VMO, SAHO, Wildlife Official

18. Animal current case status

* What is this animal's current case status? 

- ☐ Confirmed positive ☐ Presumptive positive ☒ Not a case ☐ Unknown

19. Control measures

With relation to this animal, what control measures HAVE BEEN applied to reduce or eliminate disease spread?

- ☐ Quarantine ☐ Cleaning & Disinfection ☐ Traceability ☒ Other ☐ None
☐ Unknown

With relation to this animal, please describe control measures that HAVE BEEN applied

Animal has been isolated from all other animals and owners have also isolated from friends/family

With relation to this animal, what control measures WILL BE applied to reduce or eliminate disease spread?


- ☐ Quarantine ☐ Cleaning & Disinfection ☐ Traceability ☒ Other ☐ None
☐ Unknown

With relation to this animal, please describe control measures that WILL BE applied

Continued isolation plus reduced doctor visits

 **Save or Submit Form**

- ☐ Not Started
☐ In Progress
☒ Completed

 NAHRS-2

Save Your Changes