



Revolution Flyball, PennVet with
support from Schering Plough/Intervet
Screening for Canine Flu



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What is required? Your permission to draw a small amount (3 ml, less than a tsp) of blood from your dog(s)

When? Fri, Sat or Sun Nov 12, 13, 14th at the PennVet First Aid Booth

You will receive results of testing.

Please print and complete a form for each dog tested. Additional forms will be available on site.

Owner Name: _____ Flyball Team: _____

Owner Street Address: _____

City, State, Zip _____

Telephone: _____

Email address: _____

Dog Name: _____

Dog Date of Birth: _____

Dog Breed: _____

Dog Sex (circle one) M F neutered? YES NO

Dog Weight: _____ (lbs)

Was this dog tested at the tournament last year? YES NO

How many dogs do you own? _____

Do you routinely foster dogs? YES NO If yes, how many dogs have you fostered since Jan 2010 _____

What other animals is your dog exposed to in your home environment? Circle all that apply

Cats Birds Rabbits Ferrets small mammals (gerbils, hamsters etc) horses cows
pigs goats sheep other _____

Since January 2010, my dog has participated in the following events in which multiple dogs are present: (circle all that apply)

Flyball Agility Obedience Rally Disc dog

Confirmation Other: (specify) _____

Since January 2010, my dog has traveled:

Outside of the Continental US? YES NO

If Yes Circle all appropriate: Canada Mexico Other _____

In the Continental US? Check all that apply

Check	State	Check	State
	Alabama		Montana
	Alaska		Nebraska
	Arizona		Nevada
	Arkansas		New Hampshire
	California		New Jersey
	Colorado		New Mexico
	Connecticut		New York
	Delaware		North Carolina
	Florida		North Dakota
	Georgia		Ohio
	Hawaii		Oklahoma
	Idaho		Oregon
	Illinois		Pennsylvania
	Indiana		Rhode Island
	Iowa		S Carolina
	Kansas		S Dakota
	Kentucky		Tennessee
	Louisiana		Texas
	Maine		Utah
	Maryland		Vermont
	Massachusetts		Virginia
	Michigan		Washington
	Minnesota		West Virginia
	Mississippi		Wisconsin
	Missouri		Wyoming

Since January 2010, my dog has shown the following signs (circle all that apply)

Coughing, sneezing, fever, loss of appetite, nasal or ocular discharge

Have you boarded your dog since Jan 2010? YES NO If yes, dates _____

location of boarding facility _____

Any known medical problems in this dog: _____

Any coughing, sneezing, fever, loss of appetite or nasal/ocular discharge in your other dogs (if applicable) _____

If yes, dates _____

Is your dog vaccinated for canine influenza? YES NO

If yes, when _____ how many times 1 2 3

If you are unsure of the dates for any of the questions, please provide the month of the year