

Ehrlichia canis HISTORY form (1 form per dog)

A completed [Gribbles Veterinary Pathology companion animal submission form](#) MUST ALSO BE COMPLETED and accompany any samples.

Veterinarian details		Date:
Name:		
Clinic:		
Dog owner details		
Name:		
Property address (or home GPS location or nearest settlement):		
Dog details		
Name:		Corresponding Sample ID:
Dog type: <input type="checkbox"/> Companion dog <input type="checkbox"/> Community dog <input type="checkbox"/> Wild dog <input type="checkbox"/> Other _____		
Travel history (up to previous 5 years)		
Western Australia: If yes, please specify when and what locations:		
Northern Territory: If yes, please specify when and what locations:		
Other travel information:		
Tick infestation		
Degree of infestation: <input type="checkbox"/> 0 ticks <input type="checkbox"/> 1-5 ticks <input type="checkbox"/> 6-19 ticks <input type="checkbox"/> 20+ ticks		
Suspected tick species: <input type="checkbox"/> Brown dog tick <input type="checkbox"/> Bush tick <input type="checkbox"/> Other _____		<input type="checkbox"/> Samples submitted
Tick preventative used: _____		
Last date of use: _____ (mmm/yy); Regular use: yes <input type="checkbox"/> no <input type="checkbox"/>		
Clinical Signs		
<input type="checkbox"/> Pyrexia <input type="checkbox"/> Lethargy <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Ocular abnormalities Cardiovascular <input type="checkbox"/> Anaemia <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Pale mucous membranes <input type="checkbox"/> Non-regenerative anaemia <input type="checkbox"/> <u>Thrombocytopaenia:</u> mild/moderate/severe (please circle) Other <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Splenomegaly	<input type="checkbox"/> Anorexia <input type="checkbox"/> Weight Loss <input type="checkbox"/> Weakness <input type="checkbox"/> Neurological abnormalities <input type="checkbox"/> Epistaxis <input type="checkbox"/> Petechia <input type="checkbox"/> Ecchymoses <input type="checkbox"/> Pancytopenia	<input type="checkbox"/> Nasal discharge <input type="checkbox"/> Ocular discharge <input type="checkbox"/> Dyspnoea <input type="checkbox"/> DIC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Clinical Signs (but has tick infestation/history of tick infestation)
Please specify other clinical signs not described above:		<input type="checkbox"/> In-house lab results attached <input type="checkbox"/> External lab results attached
Additional comments		
e.g.: Suspicion of tick borne related illness? Blood transfusion? Differential diagnoses?		