NEBRASKA REPORTABLE DISEASE FORM

Date of Report ______________

Reporting Veterinarian____________________________ Accreditation Number____________________

Disease to report ___________________________________________________________________________________________

County of Animal Location __________________________Species Affected __________________________________________

Number of exposed and/or number of dead animals ______________________________________________________________

___________________________________________________________________________________________________________

Send form to:
   Email – roger.dudley@nebraska.gov
   Mail – Nebraska Department of Agriculture
          PO Box 94787
          Lincoln NE 68509