



NEBRASKA REPORTABLE DISEASE FORM

Date of Report _____

Reporting Veterinarian _____

Accreditation Number _____

Disease to Report _____

County of Animal Location _____

Species Affected _____

Laboratory _____

Number of Exposed and/or Number of Dead Animals _____

Send form to:

Email: bill.meier@nebraska.gov

Mail: Nebraska Department of Agriculture
PO Box 94787
Lincoln, NE 6859