



NEBRASKA  
DEPARTMENT OF  
AGRICULTURE

## 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 \_\_\_\_\_

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**Send form to:**

Email – [roger.dudley@nebraska.gov](mailto:roger.dudley@nebraska.gov)

Mail – Nebraska Department of Agriculture

PO Box 94787

Lincoln NE 68509