

COVID-19 – DOMESTIC COMPANION ANIMAL TESTING REQUEST WORKSHEET

Routine testing of animals for COVID-19 is not recommended. Veterinarians are strongly encouraged to rule out other, more common causes of illness in animals before considering COVID-19 testing. At this time, there is no evidence that domestic companion animals, can spread COVID-19 to people or that they might be a source of infection in the United States.

To request COVID-19 testing for a domestic companion animal, the treating veterinarian must complete the form below. Email the completed form to DAI@agriculture.ny.gov with the subject line **COVIDTEST**. If approved, you will be contacted with instructions for specimen collection and specimen submission.

Patient Information

Owner Name		Telephone #	
Address where animal resides		City	State
		Zip Code	
Species	Breed	Age	Sex

COVID-19 Exposure History (answer all questions, including exposure dates)

Did the animal have close contact with a person with suspected or confirmed COVID-19.

Close contact is defined as: Being within approximately 6 feet (2 meters) of a person with suspected or confirmed COVID-19 for a prolonged period of time; close contact can occur while an animal is living with, being petted, snuggled, giving kisses or licks, and/or sharing food or bedding with a person OR Having direct contact with infectious secretions from a person with suspected or confirmed COVID-19 (e.g., being coughed on, consuming food or objects contaminated with a human patient's mucous or saliva).

Describe contact: _____

Other animals in household?

No Yes

Provide dates of exposures.
(mm/dd/yy)

From: _____ To: _____

Did the animal have exposure to a known high-risk environment (i.e., where a human outbreak occurred), such as a residence, facility, or vessel (e.g. nursing home, prison, cruise ship).

Describe high-risk environment: _____

No Yes

Provide dates of exposures.
(mm/dd/yy)

From: _____ To: _____

Is the animal a threatened, endangered or otherwise imperiled/rare animal in a rehabilitation or zoological facility with possible exposure to SARS-CoV-2 through an infected person or animal.

*The International Union for the Conservation of Nature (IUCN) governs an assessment of the status of species ranging from "critically endangered" to "least concern":
<https://www.iucnredlist.org/>*

No Yes

Provide dates of exposures.
(mm/dd/yy)

From: _____ To: _____

<p>Was the animal in a mass care or group setting (e.g., animal shelter, boarding facility, animal feeding operation, zoo) where their exposure history to people with COVID-19 is unknown AND a cluster of animals show clinical signs of a new, concerning illness that is suspicious of an infectious disease?</p> <p>Describe the mass care or group setting:</p> <p>Describe the new illness among others in the setting:</p>	<p>No Yes</p> <p>Provide dates of exposures. (mm/dd/yy)</p> <p>From: _____ To: _____</p>
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Clinical History (answer all questions, including onset dates)

	Response	Onset Date (mm/dd/yy)	Resolution Date (mm/dd/yy)	Additional information
Fever	No Yes	_____	_____	Tmax: _____°F
Cough	No Yes	_____	_____	
Difficulty breathing or shortness of breath	No Yes	_____	_____	
Open-mouth breathing	No Yes	_____	_____	
Wheezing	No Yes	_____	_____	
Abnormal lung sounds on auscultation	No Yes	_____	_____	
Lethargy	No Yes	_____	_____	
Ocular discharge	No Yes	_____	_____	
Sneezing	No Yes	_____	_____	

Clinical History continues on next page

Clinical History (answer all questions, including onset dates)				
	Response	Onset Date (mm/dd/yy)	Resolution Date (mm/dd/yy)	Additional information
Nasal discharge	No Yes	_____	_____	
Inappetence	No Yes	_____	_____	
Vomiting	No Yes	_____	_____	
Diarrhea	No Yes	_____		
Other symptoms:				
Underlying medical conditions and dates of diagnosis:				
Testing (list all testing performed and results – include copy of test results with request for testing)				
Test Performed	Date	Specimen	Result	Testing Laboratory
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Veterinarian Information				
Veterinarian Name		Is there a NY licensed <u>and</u> accredited veterinarian at this practice/facility? No Yes		
Practice/Facility Name				
Address (Number, Street, City, Zip Code, COUNTY)				
Phone	Fax (to receive test results)		E-mail Address:	