



For Official Use Only	
Disease report no.	<input type="text"/>
Date received	<input type="text"/>
Date inputted	<input type="text"/>

Dog and cat exotic disease report (DACTARI)

If hand written, this form should be completed in BLOCK LETTERS

■ Consultation details

Date (dd/mm/yy) Initial report.....
 Follow up report.....

Practice

Name
 Address
 County: Postcode:
 Phone (incl. nat. dialling code):

Veterinary Surgeon (reporting incident)

Name

■ Animal

Name of owner
 Normal place of residence of pet within the UK:
 County Postcode

Name of animal

Microchip number (where applicable)

Country of birth

Species (tick as *approp.*): Dog Cat Age years

Has any illness occurred requiring vet treatment during time abroad? YES NO

■ Travel history:

Date when animal last entered UK

Countries	from (mth/yr)	to (mth/yr)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has never left the UK..... Entered under PETS
 Entered through quarantine..... Early release from quarantine

■ Clinical (see overleaf for case definitions)

(Tick appropriate box(es))

Leishmaniasis Babesiosis
 Ehrlichiosis Dirofilaria

Other (please specify)

■ Disease outcome (where known)

Recovered Died or euthanased
 Chronic Treatment ongoing

■ Laboratory tests (see overleaf for case definitions)

Please tick box if lab tests were carried out
 Lab. name and address (if different from practice)

County: Postcode:
 Email or fax:

Disease (e.g. Leishmaniasis)	Test used	Test result	Test result	Test result
Species if identified (e.g. L.infantum)	IFAT (serology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELISA antigen (serology)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELISA antibody (serology)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCR (antigen)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microscopic ID (Blood smear, bone marrow, lymph node)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histopathology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other tests (please specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results (please tick outcome of testing)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information supplied on this form will be used for research and statistical purposes connected with the protection of animal and human health. Information about individual pets or pet owners will only be used to produce aggregated data for these purposes. In limited circumstances, Defra may be required to release information, including personal data and commercial information, on request under the Environmental Information Regulations, the Code of Practice on Access to Government Information or the Freedom of Information Act 2000. However, Defra will not permit any unwarranted breach of confidentiality nor will we act in contravention of our obligations under the Data Protection Act 1998.

In order to comply with the DPA requirements, please ensure that you provide the owner with a copy of this form.

The owner has received a copy of the completed form (please tick)
 If you have any comments or further information please type (or write) on the continuation sheet below. (please tick)

Veterinary Surgeon's signature (if not returned by email)

Date (dd/mm/yy)

Diagnosis and case definitions

- **A suspect diagnosis** is one based on clinical signs **and**, where possible, one or more supporting tests. A suspect diagnosis is also one based on clinical signs but where the confirmatory laboratory tests are inconclusive.
- **A confirmed diagnosis** is one based on the clinical signs, **together** with one or more of the confirmatory laboratory tests.

LEISHMANIASIS

Suspect case based on:

clinical signs:

lymphadenopathy; exfoliative/ulcerative skin disease; splenomegaly; weight loss/anorexia; ocular disease; epistaxis; lameness;

and

supporting tests (one or more):

non-regenerative anaemia; hyperglobulinaemia; thrombocytopenia; proteinuria; azotemia.

Confirmed cases based on:

clinical signs as described above

and

one or more of the following confirmatory laboratory tests:

a clinically compatible case with any of the following:

- (1) definitive identification of organisms in white cells of blood, bone marrow, lymph node aspirates; or
- (2) positive PCR assay on blood, bone marrow, lymph node aspirates or skin biopsies; or
- (3) a four fold antibody titre rise in paired serum samples; or
- (4) positive immunostaining of skin or other tissue samples; or
- (5) positive isolation and culture of Leishmania species.

BABESIOSIS

Suspect case based on:

clinical signs:

fever; weakness; anorexia; collapse; splenomegaly; jaundice (late stages).

and

supporting tests (one or more):

haemolytic anaemia; haemoglobinuria; thrombocytopenia; elevated liver enzymes and bile acids.

Confirmed cases based on:

clinical signs as described above

and

one or more of the following confirmatory laboratory tests:

- (1) definitive identification of organisms in red cells of blood smears, splenic aspirates or bone marrow; or
- (2) positive PCR assay on blood or splenic aspirates; or
- (3) a four fold antibody titre rise in paired serum samples.

EHRlichiosis

Suspect case based on:

clinical signs:

- *E.canis*: fever; weakness; anorexia (early stages); bleeding; splenomegaly; ocular disease; weight loss.
- *E.platys*: fever; weakness; anorexia (early stages); bleeding;

and

supporting tests (one or more):

- *E.canis*: thrombocytopenia; regenerative anaemia; hyperglobulinaemia cytopenias;
- *E.platys*: thrombocytopenia, regenerative anaemia (if associated with co-infection).

Confirmed cases based on:

clinical signs as described above

and

one or more of the following confirmatory laboratory tests:

- (1) definitive identification of morulae in monocytes, or platelets of blood smears, splenic aspirates; or
- (2) positive PCR assay on blood, bone marrow or splenic aspirates; or
- (3) a four fold antibody titre rise in paired serum samples; or
- (4) positive isolation and culture of Ehrlichia species.

DIROFILARIASIS (HEARTWORM)

Suspect case based on:

clinical signs:

exercise intolerance, cough, weight loss, syncope, haemoptysis, right sided congestive heart failure (late stages)

and

supporting test:

acute haemolytic crisis (rare).

Confirmed cases based on:

clinical signs as described above

and

one or more of the following confirmatory laboratory tests:

- (1) definitive identification of microfilariae in blood smears; or
- (2) positive modified Knotts test with definitive identification of microfilariae; or
- (3) positive serum antigen test in dogs; or
- (4) identification of *D. immitis* nematodes at necropsy.

**Dog and cat exotic disease report (DACTARI)
Continuation sheet**

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Date inputted	<input type="text"/>

**This form
is no longer
in use**

Veterinary Surgeon (reporting incident)

Name

Date

**Thank you for ensuring that you have ticked the box
on page 1 to indicate that you are using a continuation sheet.**