

LIVESTOCK DISEASE INVESTIGATION FORM

attach bar code here

Farm Details																
1 Reported by			2 Initial report date		3 Investigator name				4 Investigation date							
5 Farm name					10 Region/Oblast/Province				11 Rayon/District							
6 Farm owner First Name		Last Name			12 Town/village		13 Postal Code		14 Street, Building/House/Apt							
7 Telephone		8 Fax		9 Email			15 Latitude (E)		16 Longitude		17 Ownership <input type="checkbox"/> Private <input type="checkbox"/> Collective <input type="checkbox"/> State					
Epidemiological Information																
18 Any sick people on premises? Y N U details						19 Outbreaks in the past? Y N U details										
20 Animals introduced into herd during last 12 months? Y N U	species?			number?	when?	place of origin										
21 Animals left from herd during last 12 months? Y N U	species?			number?	when?	place of destination										
22 Animal products sold? Y N U details?				23 Changes in feeding Y N U details?					24 Contacts with wildlife? Y N U details? <input type="checkbox"/> wild boar <input type="checkbox"/> deer <input type="checkbox"/> fox <input type="checkbox"/> wolf <input type="checkbox"/> bear							
25 Other possible contacts? Comments?																
Herd species information																
26 Species A		27 Total	28 Sick	29 Dead	30 Start of signs	31 Breed		35 Quarantine Y N U		36 Movement Y N U		37 Vaccination Y N U		38 Treatment Y N U		
								39 Control slaught destrd Unknwn								
32. Production Structure <input type="checkbox"/> Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Wool <input type="checkbox"/> Draft <input type="checkbox"/> Breeding <input type="checkbox"/> Other			33 Movement Pattern <input type="checkbox"/> Settled <input type="checkbox"/> Nomadic <input type="checkbox"/> Trader <input type="checkbox"/> Seasonal			34 Grazing <input type="checkbox"/> Common <input type="checkbox"/> Enclosed <input type="checkbox"/> Zero		40 prior vaccinations? (disease, vac. type, route, manufacturer, lot)				41 when?		42 how many		
26 Species B		27 Total	28 Sick	29 Dead	30 Start of signs	31 Breed		35 Quarantine Y N U		36 Movement Y N U		37 Vaccination Y N U		38 Treatment Y N U		
								40 Control slaught destrd Unknwn								
32. Production Structure <input type="checkbox"/> Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Wool <input type="checkbox"/> Draft <input type="checkbox"/> Breeding <input type="checkbox"/> Other			33 Movement Pattern <input type="checkbox"/> Settled <input type="checkbox"/> Nomadic <input type="checkbox"/> Trader <input type="checkbox"/> Seasonal			34 Grazing <input type="checkbox"/> Common <input type="checkbox"/> Enclosed <input type="checkbox"/> Zero		40 prior vaccinations? (disease, vac. type, route, manufacturer, lot)				41 when?		42 how many		
26 Species C		27 Total	28 Sick	29 Dead	30 Start of signs	31 Breed		35 Quarantine Y N U		36 Movement Y N U		37 Vaccination Y N U		38 Treatment Y N U		
								40 Control slaught destrd Unknwn								
32. Production Structure <input type="checkbox"/> Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Wool <input type="checkbox"/> Draft <input type="checkbox"/> Breeding <input type="checkbox"/> Other			33 Movement Pattern <input type="checkbox"/> Settled <input type="checkbox"/> Nomadic <input type="checkbox"/> Trader <input type="checkbox"/> Seasonal			34 Grazing <input type="checkbox"/> Common <input type="checkbox"/> Enclosed <input type="checkbox"/> Zero		40 prior vaccinations? (disease, vac. type, route, manufacturer, lot)				41 when?		42 how many		
Clinical information																
Clinical signs		species A				species B				Species C						
43 Age range of sick (months)		>6 7-12 13-24 <24 <input type="checkbox"/> U				>6 7-12 13-24 <24 <input type="checkbox"/> U				>6 7-12 13-24 <24 <input type="checkbox"/> U						
44 Age range of dead (months)		>6 7-12 13-24 <24 <input type="checkbox"/> U				>6 7-12 13-24 <24 <input type="checkbox"/> U				>6 7-12 13-24 <24 <input type="checkbox"/> U						
45 Fever		Y N U				Y N U				Y N U						
46 Lameness		Y N U				Y N U				Y N U						
47 Dyspnea		Y N U				Y N U				Y N U						
48 Nasal discharge		Y N U				Y N U				Y N U						
49 Ocular discharge		Y N U				Y N U				Y N U						
50 Salivation		Y N U				Y N U				Y N U						
51 Diarrhea		Y N U				Y N U				Y N U						
52 Skin lesions		Y N U				Y N U				Y N U						
53 Abortions		Y N U				Y N U				Y N U						
54 Nervous signs		Y N U				Y N U				Y N U						
55 Other clinical signs		Y N U				Y N U				Y N U						
		Y N U				Y N U				Y N U						
		Y N U				Y N U				Y N U						
58 Comments																

Diagnoses

59 Initial diagnoses

Sample Collection (M-male, F-female, C-castrate, U-unknown) (L-live, S-sick, D-dead, U-unknown)

[illegible]

Rapid Field Test Results

67A Test used	68A Field Sample ID	69A Results <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> uninterpretable
67B Test used	68B Field Sample ID	69B Results <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> uninterpretable
67C Test used	68C Field Sample ID	69C Results <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> uninterpretable

70 **Additional details** (additional clinical signs and lesions observed, necropsy findings, additional tests requested, others)

Signature of investigating officer or submitter	Date
----------------------------------------------------	------

Date _____