Print Date	
Print Time	
Language	English

Avian Disease Investigation Form

Case ID: **Field Accession ID:**

Diagnoses _____

Case Status _____   Report Type _____

Case Classification _____   Outbreak ID _____

Reported/Investigated by _____   Officer Name _____

Initial Report Date _____   Quarantine Start Date _____

Entered By _____   Quarantine End Date _____

Date Entered _____

Facility Details

Ship Name _____

Facility/Farm ID _____

Owner Details _____

Telephone: _____   Address of holding:

Customs Declaration Form# _____

Import Permit# _____   Latitude/Longitude _____ / _____

Farm Type _____

Number of barns/buildings _____   Number of birds per barns/buildings _____

Flock/Species Info

Flock:

Species	Total	Dead	Sick	Avg. Age(weeks)	Start Of Signs
Total					

Epidemiological Information/Product Movement/Backward Tracing

Recent Contacts

Contact with wild birds (e.g. ducks, pigeons, migratory)?

If "Yes", specify species

New birds introduced?

If "yes", describe

Recent farm visitors

If "yes", specify

Other sources of contamination

If "yes", specify

Other outbreaks known?

If "yes", specify

Management

Disinfection at the entry?

If "yes", specify

Animal products sold?

if "yes", specify

Lakes or ponds nearby

if "yes", specify distance

Pest Control

if "yes", specify

Poultry house cleaning

if "yes", specify

Feeding (check all that apply)

Commercial feeds

Own mixed feeds

Scavenging

Household leftovers

Drinking water (check all that apply)

Water well

Pond or lake

River or canal

Municipal water

Restocking

Manure management practiced

if "yes", specify

Dead bird disposal practiced

if "yes", specify

Comments

Clinical Diagnoses

	Diagnosis	Code	Date
Tentative Diagnosis - 1			
Tentative Diagnosis - 2			
Tentative Diagnosis - 3			
Final Diagnosis			

Diagnosis Name	Date	Species	Vaccinated #	Type	Route	Lot #	Manufacturer	Comments

Sample Receiving/Registration

Sample Type	Field Sample ID	Species	Bird Status	Collection Date	Accession Date	Sample Condition	Comment	Collected By Institute	Sent to Organization

Additional Test Requested and Sample Notes

Penside Tests

Test Name	Field Sample ID	Sample Type	Species	Result