

CHAPTER 27

FORMS

INTRODUCTION

The importance of obtaining and communicating accurate and timely information concerning an outbreak or suspected outbreak of FMD cannot be over-emphasised. The report forms which are provided in this chapter have been designed to help this process. The greatest of care must be taken in filling out the forms. All information must be accurate, complete and legible.

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ANNEX 1

FMD R 'SUSPECT' REPORT FORM

REF NO: FMDR 2003/

1. Date _____ Time: _____

2. Reported by: Tel Fax
 DVO Gardai PVP Local Authority Member of Public
 Other: _____
 Name: _____
 Address: _____

 Phone No: _____

3. Suspect Premises:
 Name: _____ Herd No.: _____
 Address: _____

 Phone No: _____ Coordinates X _____ Y _____

4. Species involved:
 Bovine Ovine Porcine Avian
 Other: _____
 Clinical Signs: _____

5. Senior Officer Notified Y N Name: _____

6. Further Information:
 If notified by PVP – was the call made from the suspect premises? Y N
 Were other farm visits made prior to report? Y N
List all farms visited **NB. If the report is made by a PVP he/she should be instructed to undertake no further farm visits – pending inspection**

7. Action taken:
 DVO notified Other: _____
 Signed: _____

ANNEX 2

FMD TELEPHONE REPORT FROM VI (FIELD SUSPECT) TO NDCC

Name of NDCC V.I. taking report Time Date

Name of V.I. reporting County Mobile Phone No.

Origin of report to LDCC

H/O PVP Surveillance Tracing Other

Date Time

Herd/Flock No. _____ Phone no. _____

Name & Address

Dealer Yes/No

Address of Outfarm (if relevant)

History and Symptoms:

Range of Lesions:

STOCK NUMBERS:	Cattle	Sheep	Pigs	Other
	_____	_____	_____	_____

TOTAL: _____

Are any / all affected animals housed: Yes / No

Type of Enterprise: Dairy / Suckler / Beef / Mixed
 Pig / Sheep / Other
 Mixed Species

CONTACT to other outbreak: Yes / No / Unknown
 (if yes, complete below)

Name & Short Address

TYPE OF CONTACT

Direct contact (Animal – Human – Vehicles – Other)

Contiguous (to IP) Contiguous (To Out Farms of IP)

Dangerous contact Other contact

DECISION (If a ‘Slaughter on Suspicion’ Policy is in operation)

Declare Infected Premises YES / NO

Signed: _____

Date: Time:

ANNEX 3 FMD/SVD SUSPECT PREMISES REPORT FORM

SECTION 1 FARM DETAILS

Date VI Code

Time Reported by

Position

Contact No.

A. General Information

Herdowner Name Herd Number/Identifier

Address

Co-ordinates X

Y

Address of suspect premises, if different

Telephone Home Office Mobile Fax E-mail

Address of outfarms

a. b.

Rented/Owned Rented/Owned

B. Farm Profile (Please indicate below the type of farm enterprises Yes or No)

Dairy	Suckler	Beef	Mixed	Pig Breeding	Pig Fattener	Sheep	Deer	Other
<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"/>

Pedigree animals Yes/No

C. Acreage

Home Outfarm 1 Outfarm 2 Total

D. Veterinary Clinicians

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Testing Vets - if different

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

E. Creamery Supplied

F. Farm Workers (Identify all employees, temporary, full-time or contract)

Name	Address	Herd No (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

G. Associated Herds (Identify any associated herds, where there may be shared equipment or labour)

Name	Address	Herd No (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 CLINICAL FINDINGS

Stock Census

(These numbers are indicative, not necessarily absolute)

SPECIES	GROUP/TYPE	NUMBER	NUMBER SICK	NUMBER DEAD	PERINATAL DEATHS (PD) ABORTIONS (A)	HOUSED OR PASTURE
Bovine	Milking Cows					
	Dry Cows					
	Suckler Cows					
	Bulls					
	Stores					
	Calves					
	Fatteners					
Porcine	Sows					
	Dry Sows					
	Boars					
	Weaners					
	Piglets					
	Fatteners					
Ovine	Ewes					
	Rams					
	Lambs					
	Stores					
Others						

Number of Species Affected

Number of Groups Affected

Number Animals Affected

Have affected animals been at pasture

SECTION 2A CLINICAL EXAMINATION

ANIMAL I.D.	DROP IN MILK YIELD Y/N	IF YES, WHEN FIRST NOTICED	TEMP	SALIVATION Y/N	VESICULATION Y/N	IF YES, WHERE? MUZZLE, TONGUE, PALATE, UDDER, FEET	LAMENESS Y/N	IF YES, LEFT HIND LH, RIGHT HIND RH, LEFT FORE LE, RIGHT FORE RE	PERINATAL DEATHS (PD) OR ABORTIONS (A)

ASSESS THE POSSIBILITY OF PREVIOUSLY ILL ANIMALS NOT BEING DETECTED	PROBABLE	LIKELY	POSSIBLE	UNLIKELY	ELIMINATED

CONCLUSIONS

SECTION 2B

Please provide a sketch of the farm, showing location of farm buildings, distribution and numbers of animals, handling/loading facilities, milk collection point, other contact points AND identify where disease has been observed

SECTION 3 SAMPLING

Samples Taken

If Yes, By Whom

Date & Time of Dispatch

Dispatched to:

SAMPLING DETAILS

SPECIES	GROUP/TYPE	NUMBER SAMPLED	COMMENTS - TISSUES SAMPLE, ESTIMATE OF AGE ETC.
Bovine	Milking Cows		
	Dry Cows		
	Suckler Cows		
	Bulls		
	Stores		
	Calves		
	Fatteners		
Porcine	Sows		
	Dry Sows		
	Boars		
	Weaners		
	Piglets		
	Fatteners		
Ovine	Ewes		
	Rams		
	Lambs		
	Stores		
Others			

Number of Species Sampled

Number of Groups Sampled

Number Animals Sampled

SECTION 4 CONTACT INVESTIGATIONS

A. MOVEMENT OF ANIMALS ONTO FARM

DATE	TYPE/GROUP	NUMBER	SOURCE - NAME & ADDRESS	HERD NUMBER (IF APPLICABLE)	IDENTITY OF MART, IF INVOLVED	IDENTITY OF TRANSPORTER USED	INTRODUCED ANIMALS AFFECTED (YES/NO)	GROUP INTO WHICH ANIMALS INTRODUCED AFFECTED (Y/N)
1								
2								
3								
4								
5								

B. MOVEMENT OF ANIMALS OFF THE FARM

DATE	TYPE/GROUP	NUMBER	BUYER - NAME & ADDRESS	HERD NUMBER (IF APPLICABLE)	IDENTITY OF MART, IF INVOLVED	IDENTITY OF TRANSPORTER USED	ANY COMRADES ANIMALS NOW AFFECTED
1							
2							
3							
4							
5							

C. ILLEGAL SWILL FEEDING

Is swill fed

YES/NO

Is own household waste used

YES/NO

DETAILS OF SOURCE

COLLECTION DATES	NAME & ADDRESS OF SOURCE

COLLECTION DATES	NAME & ADDRESS OF SOURCE

SECTION 4A CLINICAL FINDINGS

D. FARM LABOUR

(Identify all personnel who have a labour input on the farm - whether on a regular or irregular basis - paid or unpaid)

	NAME	ADDRESS & PHONE NO.	CONTACT WITH ANIMALS ON OTHER FARMS (YES/NO)	TYPE OF ENTERPRISE	HERD NO. OR HERD IDENTIFIER (IF APPLICABLE)	IF IRREGULAR, DATE OF LAST CONTACT
1						
2						
3						
4						
5						

E. OTHER MOVEMENT ONTO OR OFF FARM

(I) *Veterinary Surgeon*

	DATE	NAME, ADDRESS & PHONE NO.	ANIMAL GROUPS CONTACTED	NOW SHOWING SYMPTOMS (YES/NO)
1				
2				
3				
4				
5				
6				

(II) *Artificial Insemination Operator*

	DATE	NAME, ADDRESS & PHONE NO.	ANIMAL GROUPS CONTACTED	NOW SHOWING SYMPTOMS (YES/NO)
1				
2				
3				
4				

(III) *Farm Relief Service Operatives*

	DATE	NAME, ADDRESS & PHONE NO.	ANIMAL GROUPS CONTACTED	NOW SHOWING SYMPTOMS (YES/NO)
1				
2				
3				
4				
5				

SECTION 4B

(IV) Neighbouring/Associated herdowners visiting/assisting

	DATE	NAME, ADDRESS & PHONE NO.	HERD NUMBER IDENTIFIER	NOW SHOWING SYMPTOMS (YES/NO)
1				
2				
3				
4				

(V) Visiting/Assisting at Neighbouring/Associated farms

	DATE	NAME, ADDRESS & PHONE NO.	HERD NUMBER IDENTIFIER	NOW SHOWING SYMPTOMS (YES/NO)
1				
2				
3				
4				

(VI) Movement of Livestock Vehicles/Trailers onto or off the farm
(other than associated with animal movements described above)

	DATE	NAME, ADDRESS & PHONE NO.	LOANED INWARDS (IN) OR LOANED OUTWARDS (OUT) OR RETURNED (RET)	IF IN, ANIMAL GROUPS CONTACTED	IF CONTACT SHOWING SYMPTOMS (YES/NO)
1					
2					
3					
4					
5					

(VII) Milk Collection - (if applicable)

NAME OF COLLECTOR/ TRUCK ID	DATES OF COLLECTION				CONTACT WITH ANIMALS (Y/N)	CONTACT WITH AFFECTED ANIMALS (Y/N)

SECTION 4C

(VIII) Use of Contractors

	DATE	NAME, ADDRESS & PHONE NO.	WORK CARRIED OUT	ANIMAL GROUPS CONTACTED	IF CONTACT, NOW SHOWING SYMPTOMS (YES/NO)
1					
2					
3					
4					
5					

(XI) Movement of farm machinery onto/off the farm

	DATE	NAME, ADDRESS & PHONE NO.	LOANED INWARDS (IN) OR LOANED OUTWARDS (OUT) OR RETURNED (RET)	IF IN, ANIMAL GROUPS CONTACTED	IF CONTACT SHOWING SYMPTOMS (YES/NO)
1					
2					
3					
4					
5					

(X) Teagasc Advisor

	DATE	NAME, ADDRESS & PHONE NO.	CONTACT WITH ANIMAL (YES/NO)	CONTACT WITH ANIMAL NOW SHOWING SYMPTOMS
1				
2				
3				

(XI) Feed Supplies

	DATE	NAME, ADDRESS & PHONE NO.	CONTACT WITH ANIMAL (YES/NO)	CONTACT WITH ANIMAL NOW SHOWING SYMPTOMS
1				
2				
3				

(XII) Other Supplies - Utilities, Water, Gas, Couriers, Repairs, etc

	DATE	NAME, ADDRESS & PHONE NO.	PURPOSE OF VISIT	CONTACT WITH ANIMALS (YES/NO)	CONTACT WITH THE NOW SICK ANIMAL
1					
2					
3					
4					
5					

SECTION 4D

(XIII) Off-farm Work Activities of Household Personnel

	NAME	WORK ACTIVITY/LOCATION	CONTACT WITH ANIMALS/ INFECTIVE MATERIAL - EXPLAIN
1			
2			
3			
4			
5			

(XIV) Other Visitors to Farm/Household - Guest House, Relations etc.

	DATE	NAME, ADDRESS & PHONE NO.	TYPE OF VISITOR	COUNTRY OF ORIGIN	CONTACT WITH ANIMALS
1					
2					
3					
4					
5					

(XV) Any Other Risk Factor in the Locality

	DATE	ADDRESS & PHONE NO.	DISTANCE KM	POSSIBILITY OF ANIMAL CONTACT
1				
2				
3				
4				

F. COMMENTS

SECTION 5 CONTIGUOUS AND ASSOCIATED HERDS

Area Aid Maps available

Attached

CONTIGUOUS HERDS

	NAME	ADDRESS	HERD NO. IDENTIFIER	ENTERPRISE TYPE	PREVIOUSLY IDENTIFIED IN CONTACT TRACING (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

ASSOCIATED HERDS

	NAME	ADDRESS	HERD NO. IDENTIFIER	ENTERPRISE TYPE	PREVIOUSLY IDENTIFIED IN CONTACT TRACING (Y/N)
1					
2					
3					
4					
5					
6					

ANNEX 4 FMD TRACING REQUEST FORM

Name & address of premises: _____ Reference Number (suspect premises): FMDR/2003/

_____ Reference Number (infected premises): FMD/2003/

NAME & HERD NO.	ADDRESS	CONTACT TYPE & DETAILS	DATE(S) OF CONTACT	RISK CATEGORY (H, M OR L)	NDCC REFERENCE NO. (FMDT)

Date: _____ Requested by: _____

Telephone: _____ Name in capitals: _____

Fax to: NDCC at 01 678 7360

ANNEX 5

FMD T 'TRACING' REPORT FORM

REF NO: FMDT 2003/

Herd Number: _____ Date: / / 2003

Name of Owner: _____

Tel No: _____ Mobile No: _____

Address 1: _____

Address 2: _____

Address of Premises if Different: _____

O.S. Map Ref: X _____ Y _____ Index Herd _____

Reason for trace _____

	SUSCEPTIBLE ON PREMISES	INSPECTED	INDIVIDUALLY EXAMINED	IF ALL SUSCEPTIBLE STOCK NOT EXAMINED GIVE REASON
DAIRY COWS				
OTHER CATTLE				
SHEEP				
SOWS				
FATTENERS				
WEANED PIGS				
UNWEANED PIGS				
GOATS				
OTHERS				

Date of Visit _____ Is owner a Milk Producer? Yes/No

Restrictions Served: _____ By Whom: _____

Expiry Date: / / 20 _____ Owner's Copy Checked Yes/No

If Form D served, has a copy of the Code of Practice for Form D Premises been supplied? Yes/No

VETERINARY INSPECTORS

- a) If particular animals are being traced, were they included in the inspection? Yes/No
- b) Report on Health of Stock (include a special note i.e. manuscript report on any animal individually examined and particular animals being traced)
- c) Any other action taken (e.g. Valuation and Slaughter of DC etc.)
- d) Other relevant information (e.g. Haulier, Vehicle Registration, Lorry Contact) requested by NDCC

VI (Signed): _____ Blocked Letters: _____

ANNEX 6

FMD CLINICAL DISEASE REPORT

1. Date [] [] [] Time _____ am/pm

2. Species suspected

Bovine [] Ovine [] Porcine [] Other []

3. No. of Animals Suspected []

4. Total No. of Animals at Risk []

5. Duration of Illness _____ Days

6. Clinical Signs

Temperature Elevation []

Sample Temperatures 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Salivation [YES] [NO] Lameness [YES] [NO]

If Lameness [YES] Describe Distribution

Drop in Milk Yield [YES] [NO]

When first noted _____

Vesiculation [YES] [NO]

Describe Location/Size/Appearance

7. Comments _____

SIGNED: _____ DATE: _____

ANNEX 7

FMD CONTIGUOUS HERD INSPECTION REPORT

Date _____

1. Name _____

2. Address _____

3. Outfarm YES NO

Address _____

4. Area Protection (3km) Surveillance (10km)

5. Type of Farm

Dairy Beef Mixed Pig Sheep Other

6. Size of Farm _____ Acres

Single Unit Fragmented Divided by public road

7. Dairy Farm

Dairy/Creamery Supplied _____

Collection Dates _____

Milk on Farm _____ Gals/Litres

Storage Capacity _____ Gals/Litres

8. Stock Census

SPECIES	TYPE	TOTAL NUMBER

9. Farm Services

Feed Supplier _____

Teagasc Advisor _____

Vet. Surgeon _____

A.I. Service/Personnel _____

Other

10. Farm Staff

YES	NO
-----	----

Number _____

(List Names/Addressed)

Do staff keep stock

YES	NO
-----	----

11. Clinical Inspection

No. of Animals Inspected _____

Findings

12. Observations on Management/Housing/Husbandry/Biosecurity

SIGNED: _____

DATE: _____

ANNEX 8

**DISEASES OF ANIMALS ACTS
FOOT AND MOUTH DISEASE ORDER, 1956**

APPLICATION FOR MOVEMENT LICENCE (LIVESTOCK)

Name _____

Address _____

Premises where livestock located _____

Number of Livestock to be moved _____

Premises to which Movement will take place _____

Purpose of Movement _____

Proposed Route _____

Date of Movement _____

Vehicle Registration Number _____

Signed _____

Date _____