### NOTIFICATION OF A CONTROLLED DISEASE OUTBREAK

**AFRICAN HORSE SICKNESS (SOUTH AFRICA)**

<table>
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<tr>
<th>Date</th>
<th>Province:</th>
<th>Ref No :</th>
<th>OVI Sample No:</th>
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#### DETAILS OF PERSON REPORTING THIS OUTBREAK

- **Name:**
- **Telephone No:**
- **Address:**
- **Fax No:**

#### CONTACT DETAILS OF OWNER

- **Owners Name:**
- **Owners Tel:**
- **Owners address:**
- **Owners fax:**
- **Private Vet Name:**
- **Private Vet Address:**
- **Private Vet Tel:**

#### DETAILS OF OUTBREAK

- **Name of Disease:** AFRICAN HORSE SICKNESS
- **No of cases:**
  - Dead
  - Alive
- **Description of affected cases:**
  - Species, breed, age, sex, brand marks etc
- **Clinical signs:**
- **Epidemiological Comments:** (No of animals, vaccination status, possible source of infection, recent movement, contact animals)

#### Municipal District
- **Property Name:** (Full description)  
  - **GPS**  
  - **E-**  
  - **S-**

#### Sample Date :  
- **First symptoms date:** (dd/mm/yy)

#### Person who diagnosed this outbreak:
- Farmer  
- Private Vet  
- AHS Trust  
- State Vet  
- Other( Specify)

#### Nature of diagnosis:
- Suspicion  
- Clinical  
- Post Mortem  
- Laboratory

#### Laboratory where diagnosis was made:
- **Diagnostic test used:**
  - (dd/mm/yy)

#### Vaccination record
- **YES**  
- **NO**
- **Date of Last vaccination:** (dd/mm/yy)

#### Submitted By:
- **Has the State Vet been Notified:**
  - YES  
  - NO

#### Signature
- **Name in block letters**

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**PLEASE FAX COMPLETED FORM TO: 034 312 4263  Website : www.africanhorsesickness.co.za**