NOTIFICATION OF A CONTROLLED DISEASE OUTBREAK
AFRICAN HORSE SICKNESS (SOUTH AFRICA)

Date dd/mm/yy	**Province:**	**Ref No :**
		OVI Sample No:

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:

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

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