

## **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**


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Name of NDCC V.I. taking report Time Date

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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: \_\_\_\_\_



**ANNEX 3 FMD/SVD SUSPECT PREMISES REPORT FORM**

**SECTION 1 FARM DETAILS**

Date  Time  VI Code

Reported by  Position

Contact No.

**A. General Information**

Herdowner Name  Address   
 Herd Number/Identifier

Co-ordinates X  Y

Address of suspect premises, if different

Telephone Home  Office  Mobile  Fax  E-mail

Address of outfarms

a.  Rented/Owned

b.  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 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 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 \_\_\_\_\_