



Directorate: Animal Health SR1
Notification of an Animal Disease Outbreak

Disease Name:			
Report Number:		Lab. Number:	
Date of this report:			
Date of first detection:			
Estimated date of first infection:			

<u>Location:</u>			
Province:			
Local Municipality:			
SV Area:			
Geographical Coordinates:	East: (Degrees, Minutes, Seconds)	South: (Degrees, Minutes, Seconds)	
Farm Name:			
Farm Number:			
Owner Name:			
Owner contact number:			

<u>Outbreak Details:</u>			
Species:			
Outbreaks:	Cases:	Deaths:	Destroyed:
Estimated Population at risk:			
Estimated radius affected by outbreak:			
Nature of Diagnosis:			
Name of Laboratory:			
History / Epidemiological Comments:			
Control Measures taken to date:			
Information supplied by: (Name of official)			
Contact details of official:	Telephone		
	Fax		
	Email		
	Cell phone		
Signature: State Veterinarian /Provincial Director			