

**The Epidemiological Investigation Form Appended to Cabinet  
Resolution No. (25) of 2014 Concerning the Executive Regulations of  
Federal law No. (8) of 2013 on the Prevention and Control of  
Communicable and Epidemic Animal Diseases**

<b>Report type (follow-up or final)</b>	<b>Follow-up ( ) Final ( )</b>
Name of disease and causative agent	
Date of first onset of pathological cases	
Owner's name and address	
Farm address and geographic coordinates	
Disease Confirmation (Laboratory's name and diagnostic tests).	
Description of Clinical signs	
Postmortem findings description	
Number and type of specimens	
Total number of animals in the facility	Goats ( ) Sheep ( ) Cattle ( ) Others ( ) Immature ( ) Adult ( )
Affected animal species.	Goats ( ) Sheep ( ) Cattle ( ) Others ( ) Immature ( ) Adult ( )

Number of susceptible animals before emergence of the focus of infection.	Goats ( ) Sheep ( ) Cattle ( ) Others ( ) Immature ( ) Adult ( )
Number of susceptible animals at the end of outbreak	Goats ( ) Sheep ( ) Cattle ( ) Others ( ) Immature ( ) Adult ( )
Number and species of dead animals.	Goats ( ) Sheep ( ) Cattle ( ) Others ( ) Immature ( ) Adult ( )
Number of laboratory confirmed infected animals	Goats ( ) Sheep ( ) Cattle ( ) Others ( ) Immature ( ) Adult ( )
Number of infected animals but not laboratory confirmed	Goats ( ) Sheep ( ) Cattle ( ) Others ( ) Immature ( ) Adult ( )
Have any new animals been introduced to the herd immediately before the onset of the first clinical signs? Identify Source and date.	Yes ( ) No ( ) Source ( ) Date ( )
Is there any possibility of contact with wild animals?	Yes ( ) No ( ) Species ( )
Has the disease appeared in the neighborhood before?	Yes ( ) No ( ) Not sure ( )

Has the disease transmitted to other farms?	Yes ( ) No ( ) Number ( )
Description of the infected animals (Breed, age, sex, ID number)	
Were the animals vaccinated against the disease? When was the last vaccination ?	Yes ( ) No ( ) Date of last vaccination ( )
Measures that have been applied in the farm.	
Measures applied around Focus of infection and number of vaccinated animal, if any.	
Have any animals or animal products been transported to any other farm during or immediately after the onset of disease symptoms?	Yes ( ) No ( ) If yes, provide details
Adopted method to dispose of dead animals	
Probable source of infection	

This Form is not a substitute for the Disease Reporting Form and shall be filled out after end of disease outbreak, stability of health situation, or in case of need to report

new information of an epidemiological value during the ongoing follow-up of the focus of infection.

Date:

Veterinarian Name:

Signature:

- (1) Appeared as is in the original document and is deemed correct (mammals)
- (2) Appeared as is in the original document and is deemed correct (Plastic)