



SURVEY/OUTBREAK DATA SHEET UNDER ADVANCED ANIMAL DISEASE DIAGNOSIS & MANAGEMENT CONSORTIUM



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Name of Local VetAddress..... Vill.....City.....State.....PIN..... Phone.....E-mail.....	GPS location..... Collection Date..... Area land mark.....
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Farm Attributes

Premises/Owner' Name..... Vill..... City..... State..... Phone Human density..... Human affected.....	Type Of Management & NumberOrg farm.....Small unit.....Free grazing.....	Location of OB with distance (km)Weekly marketDaily marketLivestock Transit pointWet land/.....Dry landHilly Area.....highwayRailway station	Location of OB with distance (km)Major citySlaughter house/slaughter pointCheck pointSanctuary/ForestWater body	OB suspected due toEntry of new animalVisitorsDoctors/ParavetContact with wildWaste feedingVector borne
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Animal & Outbreak Attributes

Type of animalDomesticWildFeral	Type of Breed Pure Breed (.....) Cross Breed (.....X.....) Local (.....)	Type Of FeedingCommercial feedWaste FeedingGrazing	Vaccination StatusVaccinated.....Un-VaccinatedSingle Vaccination On.....Repeated Vaccination On..... Repeated Vaccination Interval:.....6month/.....12month Name of vaccine used..... Type of vaccine:.. Company:.....Batch No..... Cool Chain Maintain.....	No. affected/at risk/.....Young/.....Grower/.....Yearling/.....Adult Total Population Just before OB.....
Record on outbreak 1 st sign recorded..... Last case seen..... Duration of OB.....		Type Of BreedingNaturalA.I.		

No. Animal diedyoungGrowerYearlingAdult Total Population after Subside the OB.....	Clinical Signs		PM Lesions	
FeverHyperemiaCyanosisConjunctivitisRespiratory Distressdischargeskin noduleConstipationDiarrhoeaCNSWastingAbortionwoundTick/mite/infestationAny other symptoms	Skin : Brain: Tonsil : L N : Spleen : Kidney : Lung :	Heart Liver : Intestine : Ileum : Colon :

Tentative diagnosis :Infectious ;Parasitic ;Stress ;Natural calamity ;other specific