

# Disease incident report form

Investigator detail	
Name:	
Company:	
Address:	
Town:	Post code:
Phone:	Email:

Property details	
PIC:	Owner name:
Property name:	
Property address:	
Town:	Post code:
Phone:	Email:
Contact name if different to owner name:	Phone:

Animal details			
Type:	Production type:	Husbandry type:	Current incident:
Breed:	<input type="checkbox"/> Meat	<input type="checkbox"/> Pasture	Date of onset: Enter a date
Age:	<input type="checkbox"/> Dairy	<input type="checkbox"/> Feedlot	No. on property:
Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Fibre	<input type="checkbox"/> Saleyard	No. in at-risk grou
<input type="checkbox"/> Female	<input type="checkbox"/> Layer	<input type="checkbox"/> Abattoir	No. sick:
<input type="checkbox"/> Desexed male	<input type="checkbox"/> Breeding	<input type="checkbox"/> Shed/stable/pen	No. dead:
<input type="checkbox"/> Desexed female	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Other (Specify)	Vaccinations:
Status: <input type="checkbox"/> Homebred			Treatments:
<input type="checkbox"/> Introduced			
Enter a date			

History and predisposing factors
[Related/previous investigations (if available): Enter lab accession number/s] Enter history



### Clinical signs

#### Integumentary

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Rough hair coat  | <input type="checkbox"/> Photosensitisation     | <input type="checkbox"/> Profuse sweating |
| <input type="checkbox"/> Pruritus (itchy) | <input type="checkbox"/> Sores/crusting/lesions | <input type="checkbox"/> Ocular discharge |
| <input type="checkbox"/> Hair loss        | <input type="checkbox"/> Other (Specify)        |   |

#### Nervous

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Apprehension      | <input type="checkbox"/> Coma             | <input type="checkbox"/> Twitching             |
| <input type="checkbox"/> Aggression        | <input type="checkbox"/> Blindness        | <input type="checkbox"/> Convulsions           |
| <input type="checkbox"/> Behaviour changes | <input type="checkbox"/> Star-gazing      | <input type="checkbox"/> Incoordination/ataxia |
| <input type="checkbox"/> Stupor            | <input type="checkbox"/> Abnormal posture | <input type="checkbox"/> Paralysis/paresis     |
| <input type="checkbox"/> Other (Specify)   |   |  |

#### Digestive and abdominal

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Reduced appetite           | <input type="checkbox"/> Oral/muzzle ulcers/blisters/lesions | <input type="checkbox"/> Diarrhoea            |
| <input type="checkbox"/> Increased appetite         | <input type="checkbox"/> Jaundice                            | <input type="checkbox"/> Diarrhoea with blood |
| <input type="checkbox"/> Pica                       | <input type="checkbox"/> Regurgitation                       | <input type="checkbox"/> Straining            |
| <input type="checkbox"/> Drooling/excess salivation | <input type="checkbox"/> Vomiting                            | <input type="checkbox"/> Constipation         |
| <input type="checkbox"/> Other (Specify)            |  |   |

#### Respiratory

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> Cough   | <input type="checkbox"/> Increased respiratory rate | <input type="checkbox"/> Nasal discharge      |
| <input type="checkbox"/> Sneeze  | <input type="checkbox"/> Laboured breathing         | <input type="checkbox"/> Epistaxis/nose bleed |
| <input type="checkbox"/> Rattles | <input type="checkbox"/> Other (Specify)            |   |

#### Cardiovascular

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Anaemia     | <input type="checkbox"/> Oedema          | <input type="checkbox"/> Reduced exercise tolerance |
| <input type="checkbox"/> Haemorrhage | <input type="checkbox"/> Other (Specify) |   |

#### Musculoskeletal

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Down/recumbent | <input type="checkbox"/> Muscle twitching | <input type="checkbox"/> Abnormal posture |
| <input type="checkbox"/> Lameness       | <input type="checkbox"/> Muscle spasm     | <input type="checkbox"/> Other (Specify)  |

#### Reproductive

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Vaginal discharge | <input type="checkbox"/> Abortion/still birth | <input type="checkbox"/> Mastitis        |
| <input type="checkbox"/> Return to service | <input type="checkbox"/> Swollen testicles    | <input type="checkbox"/> Other (Specify) |

#### Other

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Sudden death    | <input type="checkbox"/> Decreased milk production | <input type="checkbox"/> Red urine   |
| <input type="checkbox"/> Chronic wasting | <input type="checkbox"/> Decreased egg production  | <input type="checkbox"/> Seeks shade |
| <input type="checkbox"/> Other (Specify) |  |                                      |

### Primary syndrome

Syndrome: Select syndrome

If no suitable syndrome, please check box:

Add further details if multiple syndromes



### Lesions/necropsy findings

#### Gross external findings

- Skin lesions  
 Describe abnormalities
- Bloat
- Other (Specify)

#### Nervous

- Brain abnormal  
 Describe abnormalities
- Spinal cord abnormal
- Other (Specify)

#### Digestive and abdominal

- Liver abnormal  
 Describe abnormalities
- Stomach/forestomach abnormal
- Lymph nodes abnormal
- Kidney abnormal
- Small intestine abnormal
- Other (Specify)
- Spleen abnormal
- Large intestine abnormal

#### Respiratory

- Pharynx/nasal abnormal  
 Describe abnormalities
- Upper respiratory tract abnormal
- Lungs/pleura abnormal
- Other (Specify)

#### Cardiovascular

- Heart abnormal  
 Describe abnormalities
- Pericardium abnormal
- Haemorrhage
- Other (Specify)

#### Musculoskeletal

- Muscle abnormal  
 Describe abnormalities
- Skeletal lesions
- Other (Specify)

#### Reproductive

- Reproductive organs abnormal  
 Describe abnormalities
- Other (Specify)

#### Urogenital

- Urinary bladder abnormal  
 Describe abnormalities
- Urine abnormal
- Other (Specify)

### Provisional diagnosis

Disease/differentials:

Basis for diagnosis:  History  Clinical signs  Necropsy  Diagnostic test result

### Recommendations provided to producer and additional comments