

Important:
 1: You Must Call the OCPV directly at 780 427 3448 or
 1 800 524 0051 to report this disease within 24 hours.
 2: Fax completed form to OCPV at 780 415 0810

Case Number:
For Internal Use Only:

Date: _____

| Animal Location Information: please provide at least one of the below | | Submitter Information | |
|---|----------------|--------------------------|----------------------------|
| Legal Land Description where animal is located: <small>Quarter Section Township Range W Meridian</small> | | Name | |
| Animal Location Premise ID: | | City / Town | |
| Municipal Address: | | Business Phone | Cell Phone Fax Number |
| Municipality or County: | | Veterinarian Information | |
| | | Name | City / Town |
| Name and contact information if animal at a comingling site: | | Clinic Name | |
| | | Business Phone | Cell Phone Fax Number |
| Animal/Operation Information | | | |
| Type of operation | Animal Species | Herd/Flock Size | |
| Total number of all species that appear to be affected | | | |
| Clinical Information | | | |
| Presumptive Diagnosis: | | | |
| Post-mortem performed | | Yes | No |
| Post-mortem results: | | | |
| Laboratory Testing: | | None | Date: |
| Sample sent for diagnostic testing to: | | | |
| Lab test results: | | | |
| Other Clinical or Observation Notes: (medical history and or symptoms) | | | |
| | | | |

Return completed submission form by fax to: (780) 415 0810

The personal information collected on this form is in accordance with Section 34(1)(a) of Alberta's Freedom of Information and Protection of Privacy Act and Sections 53-56 of the Animal Health Act. The information provided will be used to enable animal health surveillance and for the protection of animal and public health in the Province of Alberta. If you have any questions regarding the collection, use or disclosure of the information, please contact the Office of the Chief Provincial Veterinarian at (780) 427-3448 or 9th Floor, O.S. Longman Building, 6909 – 116 Street, Edmonton AB. T6H 4P2.