

## Outbreak Information

### Attending vet

Vet name.....  
 Practice name.....  
 Practice address.....  
 .....  
 Telephone.....  
 Email.....

### Horse location

County.....Post Code.....

### Horse details

Please ensure you fill in **horse details** and **disease information** for **each horse sampled**

Horse Name.....  
 Age/DOB.....  
 Gender  mare/filly  gelding  stallion/colt  
 Breed/type.....

### Latest influenza vaccination history

Date administered.....  
 Vaccine brand used.....  
 1st vacc  6mo booster  
 2nd vacc  annual booster  
 1st booster  unvaccinated

### Latest EHV vaccination history

Date administered.....  
 Vaccine brand used.....  
 1st vacc  5 months of pregnancy  
 2nd vacc  7 months of pregnancy  
 6mo booster  9 months of pregnancy  
 unvaccinated

### Diagnostic testing

Diagnosis.....  
 Date sample taken.....  
 Date sample confirmed positive.....  
 Sample type(s) submitted.....  
 Test(s) conducted.....  
 Name of receiving lab.....

### Disease information

Clinical signs:  
 TPR.....

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Inappetence      | Cough:                              |
| <input type="checkbox"/> Lethargy         | <input type="checkbox"/> dry/harsh  |
| <input type="checkbox"/> Ocular discharge | <input type="checkbox"/> productive |
| <input type="checkbox"/> Lymphadenopathy  | <input type="checkbox"/> severe     |

- |  |                                       |
|--|---------------------------------------|
| Neuro signs:   | Nasal discharge:                      |
| <input type="checkbox"/> ataxia                      | <input type="checkbox"/> serous       |
| <input type="checkbox"/> hind limb paresis           | <input type="checkbox"/> mucoid       |
| <input type="checkbox"/> recumbency                  | <input type="checkbox"/> mucopurulent |
| <input type="checkbox"/> urinary incontinence        |                                       |
| <input type="checkbox"/> reduction/loss of anal tone |                                       |

Abortion (stage of pregnancy).....

Other (describe).....  
 .....

What date was the illness first recognised?.....

How many other horses are affected?.....

Have others on the premises been tested?

No  Yes Further info.....

**Often infectious diseases are associated with horse movements, to aid control and prevention measures, please fill in the information below. This section only needs to be filled out once per infected premises**

Premises type (please tick most relevant):

- Private  
 Livery  
 Training/competition yard  
 Stud  
 Riding school  
 Other

Horse kept in (please tick all that apply):

- Individual stables  
 Barn system  
 Separate grazing  
 Group grazing  
 Other

Are isolation facilities available?

- No  Yes

Are new arrivals quarantined?

- No  Yes

In the last 2 weeks:

Have horses been offsite?

- No  Yes

Further info.....

Have there been new arrivals?

- No  Yes

Further info.....

Do horses share:

Tack?  No  Yes

Equipment?  No  Yes

No. of horses on premises.....

No. of in-contacts with this confirmed case.....

Are there pregnant mares on the premises?  No  Yes

Proportion of horses vaccinated for Influenza:

- All  Majority  Half  Minority  None

EHV:

- All  Majority  Half  Minority  None

Have infectious disease outbreaks been confirmed on the premises before?

- No  Yes

If yes, what and when?.....