

I- GENERAL INFORMATION :

Gouvernorat : Delegation : Imada :

Date:/...../.....

Conducted by: Phone : Fax :

II- SPECIFIC INFORMATION :

1- Farm identification :

Farmer's Name : Phone:

GPS Coordinates: X: Y :

Housing Type : ☐ Enclosed Housing ☐ semi-open Housing ☐ Others

If other, please specify :

2- Renseignements sur les espèces présentes dans l'élevage :

Species	Number of Animals	
	>6 Months	< 6 Months
cattle		
Sample		

Disease :

Presence of symptoms suggestive of EHDV/BT: ☐ Yes ☐ No

If Yes, year of onset:

Number of sick animals : Number of deaths :

Number of abortions :

Observed clinical signs :

- | | |
|---|--|
| ☐ Febrile syndrom | ☐ Boiteries ou gonflement des membres |
| ☐ Oral congestion with hypersalivation (petechiae, ulcers) | |
| ☐ Facial edema | ☐ Respiratory disorders |
| ☐ Discharge (nasal, ocular) | ☐ Hemorrhagic diarrhea |
| ☐ Eye lesions (Conjunctivitis) | ☐ Drop in milk yield |



QUESTIONNAIRE FORM *EHDV/BT*

Version : April 2023

Progression of clinical signs: ☐ Recovery ☐ Complication ☐ Death
Use of treatment: ☐ Yes ☐ No

3- Risk Factors :

a- Introduction :

New Introduction: ☐ Oui ☐ Non
If yes, specify since when :

b- Surroundings :

Presence of wetlands near the farm : ☐ Yes ☐ No Distance (km) :
Wetland type:
Presence of similar clinical symptoms in neighboring farms: ☐ Yes ☐ No
Grazing near wetlands: ☐ Yes ☐ No

Other Risk Factors :

Presence of mosquitoes in the farm: ☐ Yes ☐ No
Presence of stagnant water in the farm: ☐ Yes ☐ No
Animal exchanges with other farms: ☐ Yes ☐ No



Centre National de Veille Zoonotique
المركز الوطني للبيطرة الصحية الحيوانية

SAMPLE COLLECTION FORM

Version : April 2023

Samples collected by:Phone :Fax :

Address : Date of sampling:/...../.....

Farmer's Name :Phone :

Gouvernorate :Delegation :Imada :

	Identification Number	Breed	Sex	Age (Months)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				