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VETERINARY SERVICES JAMAICA INDEMNITY CLAIM FOR ANIMALS DESTROYED MATERIALS DESTROYED			DATE APPRAISED			
			DATES DESTROYED (ATTACH FORM 5)			
			TYPE OF CLAIM (DISEASE)			
NAME & MAILING ADDRESS OF OWNER			IF JOINT OWNERSHIP GIVE FULL NAME OF ALL PARTNERS			
APPRAISED		IDENTIFICATION (Tag No. of Breed or Materials, Lbs., Bldgs.)	CHECK IF MORTGAGED	APPRAISAL		AMOUNT DUE \$
NO.	SPECIES			VALUE PER UNIT \$	UNIT (Head, Lbs. Tons, Bldgs.)	
←----- Grand Totals (Basis for Payment -----→ - Attach Lists for Individual Animals and Materials -						
APPRAISAL CERTIFICATE			OWNER-CLAIMANT CERTIFICATE			
I certify that animals (materials) appraised individually as listed on attached sheets (Form 10) plus 10% are reflected in the above.			I certify that I own or am authorized to represent the owner of the animals or materials identified in this claim. I make claim for all amounts owed me in accordance with all applicable Laws and Regulations governing the payment of indemnities for animal or materials identified and to be destroyed because of the disease specified. I further agree to slaughter of said animals and accept the appraisal value as listed above.			
SIGNATURE OF APPRAISER		TITLE	SIGNATURE OF OWNER-CLAIMANT OR AUTHORIZED REPRESENTATIVE		DATE SIGNED	
SIGNATURE OF APPRAISER		TITLE	SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE		DATE SIGNED	
SIGNATURE OF APPRAISER		TITLE	SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE		DATE SIGNED	
PAYMENT MADE TO: Name: Address:			TITLE OF AUTHORIZED REPRESENTATIVE			
PAYMENT MADE BY: Name: Address: Date:			IF MORTGAGED - NAME AND ADDRESS TO WHOM CHEQUE IS TO BE MAILED AND AMOUNT			
Copies: to . Owner . RFCo . AT			TITLE - IF AUTHORIZED REPRESENTATIVE DATE SIGNED			
. Parish Office . Ministry of Agriculture . Accountant, Min. of Ag. . (Kingston) After payment						

Note: Be sure to attach - Registration Certificate and Continuation sheets, listing each animal and value.

TELEPHONE REPORT

Veterinarian assigned to case _____ Date _____

Telephone No. at infected premises _____ Case No. _____

Date reported _____

By Whom _____

(1) Name and address of owner _____

(2) Address of infected premises _____

Map reference (Census 1970) _____

(3) Date of investigation _____

(4) Total livestock on the premises: Cattle _____ ; Swine _____ ; Goats _____
 Sheep _____ ; Horses _____ ; Other _____

Number of purebred animals included above: Cattle _____ ; Swine _____
 Sheep _____ ; Goats _____

(5) Suspect animals (number and species) _____

(6) a. History, signs, and temperature of suspect animals: _____

b. Lesions:

_____ Age of lesions _____
 _____ Age of lesions _____
 _____ Age of lesions _____

(7) Tentative diagnosis _____

(8) Give dates of visits and address of visitors to infected premises during previous 21 days. Example Farmers, feed salesmen and feed trucks, artificial inseminators, veterinarians, stock buyers, or other persons connected with livestock _____

(9) Possible source of the disease :

Owner's opinion _____

Veterinarian's opinion _____

(10) Garbage fed: Yes _____ No _____ Raw _____ Cooked _____

Source of garbage _____

(11) Cleaning and disinfection crew: _____ No. of men needed _____

Date and time needed _____

(12) Cleaning and disinfection equipment needed at farm entrance _____

Date and time _____

(13) Tick and touse control equiprent needed: Yes _____ No _____
(for

Type of equipment needed _____ Date and Time _____

(14) Rodent control needed: Yes _____ No _____ Date & Time _____

Valid only for Destination Stated

MINISTRY OF AGRICULTURE VETERINARY DIVISION PERMIT FOR MOVEMENT OF ANIMALS FOR IMMEDIATE SLAUGHTER		MOVEMENT AUTHORIZED AS FOLLOWS		
		1a. Name or Owner of animals		
		2b. Address of Owner		
2a. Kind of Animal	2b. Number	3. ORIGIN OF SHIPMENT		
		a. Parish	c. District	d. Area
		4. Consigned to (name of person or company)		
		5. Destination		
I certify that I have inspected the animals described above and find them to be apparently free of disease. Permission is granted for their movement in accordance with the requirements of the Government regulations.				
6a. Title		6b. Signature		6c. Date issued

Truck shipments - This copy to accompany shipment and be delivered to consignee.

NEADCON Form #6 (1981) 2 copies - 1 with driver of truck
1 to EVO-A

Valid only for Destination Stated

MINISTRY OF AGRICULTURE VETERINARY DIVISION PERMIT FOR MOVEMENT OF PERISHABLE CROPS TO MARKET		MOVEMENT AUTHORIZED AS FOLLOWS		
		1a. Name or Owner of animals		
		2b. Address of Owner		
		3. ORIGIN OF SHIPMENT		
		a. Parish	c. District	d. Area
		4. Consigned to (name of person or company)		
		5. Destination		
I certify that the above listed perishable crops have originated from farms that do not have the disease. Permission is granted for this movement in accordance with the requirements of the Government regulations and subject to my approval.				
6a. Title		6b. Signature		6c. Date issued

Truck shipments - This copy to accompany shipment and be delivered to consignee.

NEADCON Form #6A (1981) 2 copies - 1 with driver of truck
1 to EVO-A

For use by AHA's under direction of the inspection and
diagnosis officer in quarantine & buffer zones.

SECTION I

1A. Name and Mailing Address of Owner of Animals

1B. Name and Mailing Address of Owner of Premises (if different from 1A)

2. Location of Infected Premises (A. Region) (B. County) (C Parish)

D. District E. Direction and Distance (Miles) From Nearest City or Town

3. Disease Reported by (Name of farmer, veterinarian, etc.) and Date

4. Date Clinical Signs or Lesions Observed by Owner

5. Date Reported to Parish Veterinary or the AHA.

6. Date and Time of Epidemiological Investigation

<p>17. Have any other animals on the premises been sick or injured within the last 6 months?</p> <p>If <u>Yes</u>, give:</p> <p>A. Number and kind of animals. B. Describe signs and lesions. C. What was the suspected disease or injury in each case? D. By whom and how were they treated? E. Did animals recover or die? F. If recovered are they still on the premises? G. If sold, to whom? (Give names and locations). H. If dead, how were carcasses handled? (Describe).</p>	<p style="text-align: center;"><i>(Circle one)</i></p> <p>1. Yes 2. No</p>
<p>18. Have any neighbors had sick or injured animals recently?</p> <p>If <u>Yes</u>,</p> <p>A. Identify by name and location. B. Give suspected illness.</p>	<p>1. Yes 2. No 3. No info.</p>
<p>19. Have any animals moved onto the premises for any reason within the past 6 months?</p> <p>If <u>Yes</u>, give:</p> <p>A. Reasons for movement. B. Dates C. Number and kind of animals. D. Names of owners or handlers and places of origin. E. Method of transportation</p>	<p>1. Yes 2. No</p>
<p>20. Have any animals moved off the premises for any reason within the past 6 months?</p> <p>If <u>Yes</u>, give details as in 19A, B, C, and E, and names of consignees and locations.</p>	<p>1. Yes 2. No</p>
<p>21. Does owner of animals (or of premises) have animals on other premises?</p> <p>If <u>Yes</u>, indicate:</p> <p>A. Location B. Kinds and number C. Whether separate staff is provided.</p>	<p>1. Yes 2. No</p>

<p>22. Do farm employees live on their own farms? If <u>Yes</u>, give: A. Name and location of farm. B. Number and kind of animals maintained. C. History of their acquisition, movement, etc. (This is best developed as a separate epidemiological investigation.)</p>	<p>1. Yes 2. No</p>
<p>23. Give numbers of dogs, cats, poultry, pigeons, exotic waterfowl, wild waterfowl, etc., on premises. A. Are pets and poultry confined or penned? B. Are pets fed meat and bones? If so, list sources of supply and locations.</p>	<p>1. Yes 2. No 1. Yes 2. No</p>
<p>24. Have any animals been vaccinated or immunized in the past year? If <u>Yes</u>, give: A. Kinds of biologics used. B. Animals and number to whom administered. C. Administered by.</p>	<p>1. Yes 2. No</p>
<p>25. Are the premises located near a zoo? If <u>Yes</u>, identify.</p>	<p>1. Yes 2. No</p>

SECTION III - The Agent

Laboratory Samples Submitted

Kind of animal	Serum A	Tissue (describe) B
26. Cattle		
27. Horses		
28. Swine		
29. Sheep		
30. Goat		
31. Other (specify)		

MINISTRY OF AGRICULTURE VETERINARY DIVISION <u>OFFICIAL QUARANTINE</u>	DISEASE: _____
Notice is hereby given to _____ (name) _____ that	
(Address) _____ (Parish) _____ this herd of flock of _____ consisting of _____ (species) _____ (total population) _____ animals, is quarantined to said premises.	
These premises will remain quarantined until notice of release has been received from the Veterinary Division.	
No animals or birds may be moved or sold until authorized by the Veterinary Division. New born and deaths must be notified within 10 days	
_____ Date	_____ R.V.O. Issuing Officer

WEADON Form 19 (1981)

Copies to: Herd Owner (original)
 PAVO
 RVO
 DVS

Clinical Disease Suspected

Specimen

- | | |
|--|--|
| 20. Louping Ill of Sheep | Brain and spinal cord (unrefrigerated in 50% glycerol saline or frozen in dry ice); blood (clotted and unclotted); cerebrospinal fluid. |
| 21. Lumpy Skin Disease | Blood (clotted and unclotted); lumpy lesions from skin or mucous membranes (fixed for histopathology and fresh for virus isolation). |
| 22. Melioidosis | Blood (clotted and unclotted); exudates from lesions; urine and sputum samples; nasal and oral swabs (for isolation). |
| 23. Nairobi Sheep Disease | Blood (clotted and unclotted) mesenteric lymph nodes liver and cecum (for viral isolation). |
| 24. Newcastle Disease, Velogenic viscerotropic | Swabs from trachea, lung, spleen, cloaca and brain in broth with antibiotic. |
| 25. Peste des Petits Ruminants (Peudorinderpest) | Blood (clotted and unclotted), spleen and mesenteric lymph nodes, especially from sick animals <u>in extemis</u> (for viral isolation). |
| 26. Pseudo-Rabies (Aujeszky's Disease) | Blood (clotted and unclotted); brain, skin from affected area (fresh and chilled). |
| 27. Rift Valley Fever | Blood (clotted and unclotted); liver (fixed for histopathology); liver, spleen, and brain (in ice or dry ice for virus isolation and FA Test). |
| 28. Rinderpest | Blood (clotted and unclotted); Lymph nodes, tonsil and spleen (in ice or dry ice). |
| 29. Rabies | Brain (fixed and freshrefrigerated or frozen). |

Clinical Disease Suspected	Specimen
12. Foot-and-mouth Disease	Vesicular fluid (all that is obtainable); epithelial coverings of vesicular lesions; flaps of epithelial tissue still attached to lesion (at least 5 grams of tissue); blood clotted, 5 ml); Oesophageal-pharyngeal fluid obtained with cup probang from cattle, sheep, goats, but not from pigs (about 10 ml); Serum sample (from clotted blood, 10 ml); lymph node, thyroid, adrenal, kidney, or heart (about 10 gm, packed in ice or dry ice). (See Section III, Annex II)
13. Fowl Plague	Two or three carcasses of birds that were killed <u>in extremis</u> following the appearance of disease signs; or specimens of liver, spleen, kidney, lung, trachea, and bone marrow (packed in ice, preferably dry ice)..
14. Glanders	Lesion material or enlarged lymph nodes for culture; blood (clotted and unclotted).
15. Heartwater	Blood (clotted and unclotted); brain, aorta and kidney.
16. Hemorrhagic Septicemia	Blood (clotted and unclotted).
17. Hog Cholera (Swine Fever)	Blood (clotted and unclotted); tonsil, lymph node, liver, lung, spleen, and brain (fresh on wet ice).
18. Infectious Bovine Rhinotracheitis	Blood (clotted and unclotted), lungs, trachea, liver and spleen (fixed for histopathology).
19. Japanese-B Encephalitis	Blood (clotted and unclotted); brain for mice inoculation and virus isolation.

SPECIMEN SAMPLES TO SUBMIT FOR LABORATORY DIAGNOSIS

Clinical Disease Suspected

Specimen

- | | |
|---|---|
| 1. African Horse Sickness | Blood (clotted and unclotted),
All tissues (for histopathology). |
| 2. African Swine Fever | Spleen, liver, lung, tonsil, and
lymph nodes specifically gastric,
hepatic, and mesenteric (packed
in ice or dry ice); blood
(clotted and unclotted). |
| 3. African Trypanosomiasis | Blood (clotted and unclotted). |
| 4. Borna Disease | Brain (packed in ice or dry ice),
blood (clotted and unclotted). |
| 5. Bovine Ephemeral Fever | Blood (clotted and unclotted). |
| 6. Bovine Infectious Petechial Fever | Blood (clotted and unclotted). |
| 7. Contagious Agalactia of
Sheep & Goats | Swabs of eye, nose and joints;
feces; and milk for isolation
of <u>Mycoplasma</u> (packed in ice or
dry ice); blood (clotted and
unclotted). |
| 8. Contagious Bovine Pleuropneumonia | Blood (clotted and unclotted);
pleural fluid and lung (on
wet ice, <u>do not freeze!</u>). |
| 9. East Coast Fever | Blood (clotted and unclotted);
lymph nodes (fresh packed in
ice or fixed for histopathology). |
| 10. Equine Infectious Anemia | Blood (clotted). |
| 11. Epizootic Lymphangitis | Swab of Nodular contents and
fresh discharges from ulcers;
blood (clotted and unclotted). |