



**Brucellosis Surveillance Form**

Farmer:	
Farm Name:	Phone:
Location:	Date:
Total Stock:	Infested Stock:

Any Reoccurrence:  Yes  No

If **Yes**, reason

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How infested stocks are controlled?

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Any Symptoms?  Yes  No

If **Yes**, state

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Officers Remarks:

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Officer Name:	Signature:
Farmer Signature:	