



EDCC Alert Request Form

Please provide as much of the following information as possible

Source (such as state veterinary office, private practitioner, department of agriculture):

Date: Onset of symptoms: _____ Quarantine? y n If yes, date: _____

Disease : _____

Location :

City: _____ County: _____ State: _____

Facility (if public): _____

Number of horses affected: _____

Number of horses exposed: _____

Number of horses isolated/under quarantine: _____

Breed and gender of horses affected (if known):

Clinical signs observed:

Number of horses:

Affected and alive: _____ Deceased: _____ Euthanized: _____

Status of the outbreak (check one):

- Confirmed case(s)- Quarantine established
- Confirmed case(s)- No quarantine established
- Suspected case(s)- Quarantine established
- Suspected case(s)- Investigation initiated
- Suspected case(s)- Ongoing investigation
- Outbreak update
- Quarantine released

Contact information:

Phone number (if applicable): _____

Website address for your office: _____

Link to press release or news page: _____

Additional contact information:

Has this outbreak resulted in any travel restrictions or state regulations? If so, please outline below or provide a link to information: _____

Please provide as much information as possible, save, and email to edcc@aaep.org.