

DEPARTMENT OF PRIMARY INDUSTRIES  
Schedule 2  
Livestock Disease Control Regulations 2006  
Regulation 5

NOTIFICATION OF THE PRESENCE OR SUSPECTED PRESENCE OF A DISEASE

Disease: .....

Species of livestock affected: .....

Date of onset of signs: ...../...../.....

Number of animals / hives affected and not affected: ...../ .....

Identification of affected livestock: .....

Age of affected livestock: .....

Property Owner: .....

Address / location where disease was observed: .....

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Postcode: ..... Telephone number: .....

Animal or hive owner's name (if different from above): .....

Animal or hive owner's address (if different from above): .....

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Postcode: ..... Telephone number: .....

Property Identification Number\*: .....

**Specimens were submitted/ were not submitted to laboratory.**

Name of laboratory : .....

Address of laboratory: .....

Postcode: ..... Telephone number: .....

**Details of person making notification:**

Name: .....

Address:.....

.....

Postcode: ..... Telephone number: .....

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

\* insert PIC or tail tag number, tattoo number or beekeeper's number, if applicable

