

**Active Observational Surveillance (AOS) for
Foot and Mouth Disease (FMD)
Herd/Group Daily Observation Form**



Farm Name:		PIN:		
Group Description (Barn, Pen, Lot, or Pasture Name or #)	Year: _____	Circle Normal (N) or Abnormal (Ab)*		Cattle Health Monitor Initials
	Date (MM/DD), Time (AM/PM)	Production Parameters¹	Clinical Signs²	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	
		N Ab	N Ab	

*For all abnormal findings, provide additional explanation (“Abnormal Findings Explanation Form” or in an existing on-farm recordkeeping system)

¹ Production parameters such as feed intake

² Clinical signs that could be the result of FMD infection such as fever, lameness, calf death, depression, drooling, nasal discharge, or vesicles/blisters on mouth, teats, and/or feet.