



OV Miscellaneous Tasks Form

Name of premises CPH / /

Please tick the appropriate task or specify the task carried out. *(tick one box only)*

- | | | | |
|---------------------------|--------------------------|-----------------------------------------------------|--------------------------|
| Enzootic Bovine Leukosis | <input type="checkbox"/> | Quarantine Examination | <input type="checkbox"/> |
| Equine Infectious Anaemia | <input type="checkbox"/> | Rabies | <input type="checkbox"/> |
| Foot and Mouth Disease | <input type="checkbox"/> | Swine Fever | <input type="checkbox"/> |
| Glanders | <input type="checkbox"/> | Swine Vesicular Disease | <input type="checkbox"/> |
| Import of Animals | <input type="checkbox"/> | Tuberculosis <i>(other than Tuberculin testing)</i> | <input type="checkbox"/> |
| Export of Animals | <input type="checkbox"/> | Milk and Dairies Inspection | <input type="checkbox"/> |
| Wasted Visit | <input type="checkbox"/> | Parasitic Mange | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

if 'Other' or 'Wasted Visit' please specify below

Number of samples/animals tested/hours worked* *Delete as appropriate

OV Name SP Number

Date of visit Task of *(total tasks)*

Mileage travelled Engine capacity of vehicle used Number of nights spent on visit

I declare that the tasks and mileage recorded in this form were undertaken and incurred by me while on official business. To the best of my knowledge and belief, the information provided is correct.

Signature

Name in BLOCK LETTERS Date

Practice Name

Practice Address
Postcode

DATA PROTECTION

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.