



## FMD Herd Monitoring Daily Log

Farm Name: \_\_\_\_\_

FMD Manager: \_\_\_\_\_

Herd Veterinarian : \_\_\_\_\_

Date (mm/dd/yy)	Time	Group/Pen Checked	Please check the appropriate box below		Herd Health Monitor Name (print)	If FMD Signs found, to whom and when reported (action taken)
			No FMD Signs	FMD Signs Suspected		

FMD Incident Reporting Hot Line : \_\_\_\_\_