

Apiary Pest / Disease Notification Form

Property Details			
Owner name:		Beekeeper Registration number:	
Address/location where pest/disease was observed:			
Hive owner's address (if different to above):			
GPS coordinates (if known):			
Home Phone:	Mobile:	Email:	
Hives			
Total Hives on site:	No. Hives affected:	No. Hives Dead:	
Date of onset of signs:	Date last checked:		
Recent hive/equipment movements:			
Signs and Symptoms			
Suspect Disease: <input type="checkbox"/>	European Foulbrood <input type="checkbox"/>	American Foulbrood <input type="checkbox"/>	Other <input type="checkbox"/>
Confirmed Disease: <input type="checkbox"/>			
Detail what you have observed:			
Management of Pest / Disease			
Have any hives been burnt: <input type="checkbox"/> No <input type="checkbox"/> Yes	Has OTC treatment been used: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Were samples submitted to a laboratory? <input type="checkbox"/> No <input type="checkbox"/> Yes	Laboratory Report Number:		
Name of Laboratory:			
Address of Laboratory:			Postcode:
Veterinarian Details			
Was a veterinarian consulted regarding potential disease? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, complete the following:		
Name of veterinarian:			
Name of veterinary practice:			
Address:			Postcode:
Phone:	Mobile:	Fax:	
Date:	Signature:		

Send to

South:	13 St Johns Ave, New Town, TAS, 7008
North:	PO Box 46 King Meadows, TAS, 7249
North West:	PO Box 303, Devonport, TAS, 7310
Email:	biosecurity.tasmania@nre.tas.gov.au
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