

## UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES SCRAPIE EPIDEMIOLOGY REPORT

|   |                          |                              |                   |       |
|---|--------------------------|------------------------------|-------------------|-------|
| Flock ID  | Owner's Name and Address | Flock Location, if Different |                   |       |
| Telephone   |                          |                              |                   |       |
| Inspector's Name  |                          | Inspector's ID               | County            |       |
| Inspection Date   | Quarantine Number        | Latitude                     | Longitude         |       |
| Type of Flock<br><input type="checkbox"/> Purebred<br><input type="checkbox"/> Commercial Breeder<br><input type="checkbox"/> Club Lamb Producer<br><input type="checkbox"/> Feeder<br><input type="checkbox"/> Other _____ |                          | SHEEP                        | INVENTORY         | GOATS |
| Veterinary Practitioner's Name  |                          | _____                        | Adult Males       | _____ |
| Predominant Breed   |                          | _____                        | Adult Females     | _____ |
|   |                          | _____                        | Yearling Males    | _____ |
|   |                          | _____                        | Yearling Females  | _____ |
|   |                          | _____                        | Female Lambs/Kids | _____ |
|   |                          | _____                        | Male Lambs/Kids   | _____ |
|   |                          | _____                        | Castrated Males   | _____ |
|   |                          | _____                        | Total             | _____ |

1. Number of sheep or goats currently in the flock with clinical signs suggestive of scrapie: \_\_\_\_\_
2. Clinical signs suggestive of scrapie observed by the producer or inspector (including index case)
 

|   |   |
|---|---|
| <input type="checkbox"/> No clinical Signs of Scrapie | <input type="checkbox"/> Excitable                      |
| <input type="checkbox"/> Incoordination               | <input type="checkbox"/> Abortions                      |
| <input type="checkbox"/> Weight Loss                  | <input type="checkbox"/> Convulsions                    |
| <input type="checkbox"/> Itching/Rubbing              | <input type="checkbox"/> Skin Abrasions from Rubbing    |
| <input type="checkbox"/> Involuntary Muscle Tremors   | <input type="checkbox"/> Nibbling and Licking Movements |
3. What is the approximate date when the first clinical signs suggestive of scrapie were seen: \_\_\_\_\_
4. Total number of sheep or goats that have shown clinical signs suggestive of scrapie in the past 5 years: \_\_\_\_\_
5. Number of adult deaths from all causes over the last year: \_\_\_\_\_
6. Total number of sheep or goats that have shown clinical signs suggestive of scrapie in the past 5 years: \_\_\_\_\_
7. Percentage of Rams Genotyped: \_\_\_\_\_
8. Percentage of Ewes Genotyped: \_\_\_\_\_
9. Written or computer records kept
 

|  |
|--|
| YES NO Identification                                |
| YES NO Sex   |
| YES NO Breed   |
| YES NO Date of Birth                                 |
| YES NO Animal Sire and Dam information               |
| YES NO Sales Information - ID, buyer, date purchased |
10. Description of lambing facilities: \_\_\_\_\_
11. How often is the lambing area cleaned and disinfected: \_\_\_\_\_
12. Are separate contemporary lambing groups used: YES NO
13. Method of disposal of placentas: \_\_\_\_\_
14. Method of disposal of dead sheep: \_\_\_\_\_

15. Complete the following information on each laboratory confirmed case and clinically suspicious case currently in the flock. Complete as much information as possible on any clinically suspicious cases in the flock over the last 5 years.

|                                     |               |                           |            |                                    |                            |
|-------------------------------------|---------------|---------------------------|------------|------------------------------------|----------------------------|
| ID                                  | SEX           | BREED                     | BIRTH DATE | DATE OF CLINICAL SIGNS             | LAB CONFIRMED<br>YES<br>NO |
| SOURCE<br>PURCHASED<br>BORN ON FARM | PURCHASE DATE | SELLER'S NAME AND ADDRESS |            | DESCRIBE DOCUMENTATION OF PURCHASE |                            |

COMMENTS ON HISTORY

| ID | YEAR BORN | If lab confirmed Scrapie case - list the status of all offspring |    |           |        |
|----|-----------|--|----|-----------|--------|
|    |           | STATUS   | ID | YEAR BORN | STATUS |
|    |           |  |    |           |        |
|    |           |  |    |           |        |
|    |           |  |    |           |        |
|    |           |  |    |           |        |
|    |           |  |    |           |        |
|    |           |  |    |           |        |

|                                     |               |                           |            |                                    |                            |
|-------------------------------------|---------------|---------------------------|------------|------------------------------------|----------------------------|
| ID                                  | SEX           | BREED                     | BIRTH DATE | DATE CLINICAL SIGNS                | LAB CONFIRMED<br>YES<br>NO |
| SOURCE<br>PURCHASED<br>BORN ON FARM | PURCHASE DATE | SELLER'S NAME AND ADDRESS |            | DESCRIBE DOCUMENTATION OF PURCHASE |                            |

COMMENTS ON HISTORY

| ID | YEAR BORN | If lab confirmed Scrapie case - list the status of all offspring |    |           |        |
|----|-----------|--|----|-----------|--------|
|    |           | STATUS   | ID | YEAR BORN | STATUS |
|    |           |  |    |           |        |
|    |           |  |    |           |        |
|    |           |  |    |           |        |
|    |           |  |    |           |        |
|    |           |  |    |           |        |
|    |           |  |    |           |        |

9. Conclusions on source of infection and general plan of action.

| Investigator's Name | Title | Date |
|---------------------|-------|------|
|---------------------|-------|------|