

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES**
INDIVIDUAL ANIMAL INFORMATION REPORT
(For Flock Additions, Clinically Suspicious, Infected, and Traced Animals)

1. INSPECTION DATE

2. FLOCK NAME/CONTACT	3. FLOCK ID	4. INSPECTOR ID
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SECTION I - ANIMAL NO. _____ FLOCK LETTER _____ *(Obtain Flock letter from VS Form 5-19, block 23, if applicable.)*

5. FLOCK TAG	6. REGISTRATION NUMBER	7. EARTAG	8. OFFICIAL ID NO. AND TYPE ----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O
9. SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> W	10. BREED	11. DATE OF BIRTH	12. ENTRY DATE
13. FLOCK OF ORIGIN	14. FLOCK OF ORIGIN ID	15. DISPOSITION <input type="checkbox"/> Sold <input type="checkbox"/> Loaned <input type="checkbox"/> Died <input type="checkbox"/> Slaughtered <input type="checkbox"/> Unknown	
16. SIRE EARTAG	17. SIRE OFFICIAL ID AND TYPE ----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	18. SIRE FLOCK TAG	19. SIRE REGISTRATION NUMBER
20. DAM EARTAG	21. DAM OFFICIAL ID AND TYPE ----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	22. DAM FLOCK TAG	23. DAM REGISTRATION NUMBER
24. DISPOSITION DATE	25. DISPOSITION FLOCK	26. DISPOSITION FLOCK ID	27. LAB RESULTS
28. TEST TYPE	29. SAMPLE DATE	30. DISEASE STATUS	31. DATE OF STATUS

32. CLINICAL SIGNS

33. REMARKS	E - Eartag I - Implant T - Tattoo O - Other
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SECTION II - ANIMAL NO. _____ FLOCK LETTER _____ *(Obtain Flock letter from VS Form 5-19, block 23, if applicable.)*

34. FLOCK TAG	35. REGISTRATION NUMBER	36. EARTAG	37. OFFICIAL ID NO. AND TYPE ----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O
38. SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> W	39. BREED	40. DATE OF BIRTH	41. ENTRY DATE
42. FLOCK OF ORIGIN	43. FLOCK OF ORIGIN ID	44. DISPOSITION <input type="checkbox"/> Sold <input type="checkbox"/> Loaned <input type="checkbox"/> Died <input type="checkbox"/> Slaughtered <input type="checkbox"/> Unknown	
45. SIRE EARTAG	46. SIRE OFFICIAL ID AND TYPE ----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	47. SIRE FLOCK TAG	48. SIRE REGISTRATION NUMBER
49. DAM EARTAG	50. DAM OFFICIAL ID AND TYPE ----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	51. DAM FLOCK TAG	52. DAM REGISTRATION NUMBER
53. DISPOSITION DATE	54. DISPOSITION FLOCK	55. DISPOSITION FLOCK ID	56. LAB RESULTS
57. TEST TYPE	58. SAMPLE DATE	59. DISEASE STATUS	60. DATE OF STATUS

61. CLINICAL SIGNS

62. REMARKS	E - Eartag I - Implant T - Tattoo O - Other
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44. SIRE FLOCK TAG	45. SIRE REGISTRATION NUMBER
48. DAM FLOCK TAG	49. DAM REGISTRATION NUMBER

44. SIRE FLOCK TAG	45. SIRE REGISTRATION NUMBER
48. DAM FLOCK TAG	49. DAM REGISTRATION NUMBER