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
_____ Purebred
_____ Commercial Breeder
_____ Club Lamb Producer
_____ Feeder
_____ Other_____

Veterinary Practitioner's Name

Predominant Breed

SHEEP	INVENTORY	GOATS
_____	Adult Males	_____
_____	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)

[ ] No clinical Signs of Scrapie
[ ] Incoordination
[ ] Weight Loss
[ ] Itching/Rubbing
[ ] Involuntary Muscle Tremors
[ ] Excitable
[ ] Abortions
[ ] Convulsions
[ ] Skin Abrasions from Rubbing
[ ] 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 YES NO

SOURCE PURCHASED BORN ON FARM	PURCHASE DATE	SELLER'S NAME AND ADDRESS	DESCRIBE DOCUMENTATION OF PURCHASE

COMMENTS ON HISTORY

If lab confirmed Scrapie case - list the status of all offspring

ID	YEAR BORN	STATUS	ID	YEAR BORN	STATUS

ID	SEX	BREED	BIRTH DATE	DATE CLINICAL SIGNS	LAB CONFIRMED YES NO

SOURCE PURCHASED BORN ON FARM	PURCHASE DATE	SELLER'S NAME AND ADDRESS	DESCRIBE DOCUMENTATION OF PURCHASE

COMMENTS ON HISTORY

If lab confirmed Scrapie case - list the status of all offspring

ID	YEAR BORN	STATUS	ID	YEAR BORN	STATUS

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

Investigator's Name	Title	Date