

**U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
FLOCK INSPECTION AND EPIDEMIOLOGY REPORT**

1. SFCP PARTICIPANT

Yes       No  
  
 Applicant

2. INSPECTION DATE

3. OWNER NAME/CONTACT, ADDRESS AND TELEPHONE NO. (Include Zip Code)

4. FLOCK LOCATION (If different from Item 3.)

Telephone Number (      )

GPS NO.

5. INSPECTOR'S/VMO'S NAME

6. INSPECTOR'S ID

7. FLOCK ID

8. FLOCK COUNTY

9. FLOCK TOWNSHIP

10. RANGE

11. SECTION

12. LATITUDE

13. LONGITUDE

14. REASON FOR INSPECTION (Please check all that apply)

Routine       High Risk Animals       Exposed Animals       Clinically Suspicious       Other (Please Specify) \_\_\_\_\_

15. FLOCK STATUS (Please check all that apply)

Source       Exposed       Plan       P Plan  
 Certified       Enrolled       Select       Invest       Infected       Other (Please Specify) \_\_\_\_\_

16. FLOCK TYPE (Please check one box)

Purebred       Commercial Breeder       Feeder       Other (Please Specify) \_\_\_\_\_

17. FLOCK INVENTORY

Males > 1 Yr. \_\_\_\_\_ Males < 1 Yr. \_\_\_\_\_ Castrated Males < 1 Yr. \_\_\_\_\_ Total \_\_\_\_\_  
Females > 1 Yr. \_\_\_\_\_ Females < 1 Yr. \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

18. VETERINARY PRACTITIONER'S NAME

19. PRACTITIONER'S ID

20. SPECIES

Ovine       Caprine

21. PREDOMINANT BREED(S)

22. FLOCK HISTORY AND REMARKS (Attach additional sheets, if needed.)

23. FLOCK IDENTIFIED THROUGH ANIMAL MOVEMENT (List name, location, reason, and known dates for each. Attach additional sheets, if needed. For each positive and exposed animal which has moved from the flock, complete and attach VS Form 5-20.)

Name	Address	City	State	Zip Code	Reason (Circle One)	Date
A.					Origin of Positive Disposition, High Risk Disposition, Exposed	
B.					Origin of Positive Disposition, High Risk Disposition, Exposed	
C.					Origin of Positive Disposition, High Risk Disposition, Exposed	
D.					Origin of Positive Disposition, High Risk Disposition, Exposed	
E.					Origin of Positive Disposition, High Risk Disposition, Exposed	

24. FLOCK OWNER'S SIGNATURE

27. INSPECTOR'S/VMO'S SIGNATURE

28. CONDITION OF ANIMALS

All Clinically Normal  
 Clinically Suspicious Animals Seen

25. HAVE YOUR EWES HAD DIRECT CONTACT (fence to fence or direct mixing) WITH NO PROGRAM SHEEP OR SHEEP WITH A LATER STATUS DATE SINCE LAST INSPECTION (SEE REMARKS)

Yes       No       N/A

STATUS DATE OF EWES ONLY (if checked yes)

29. HAVE RAMS OF LOWER PROGRAM STATUS BEEN INTRODUCED INTO THE FLOCK

YES       NO       N/A

STATUS DATE OF RAMS ONLY (if checked yes)

26. HAVE ANY OF YOUR SHEEP BEEN ON PREMISES OR PASTURES NOT LISTED ON PREVIOUS REPORTS

Yes       No       N/A

30. SFCP STANDARDS

Meeting Standards  
 Not Meeting Standards (explain in #22)  
 Not Applicable