USDA

Animal and Plant Health Inspection Service

Veterinary Services

# Sheep 2011
# VS Initial Visit

National Animal Health Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-0188
Expires 06/2013

| State FIPS: | Operation #: | Interviewer: | Date: |
|---|---|---|---|
| 2 digits | 4 digits | Initials | (mm/dd/yy) |

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**Arrival time at operation: _____**

## Section A—General Management

1. How many ewes 1 year and older do you have on this operation today?..... _____ ewes

   How many of these ewes are:

   a. 1 year to less than 2 years of age?..... _____ ewes

   b. 2 years of age and older?..... _____ ewes

   c. Total *[should equal #1 total above]*..... _____ ewes

2. During the previous 12 months, how many of the following were added to this operation other than through natural additions (births)?
   *[Include both permanent additions to the flock and rams/ewes temporarily brought in for breeding or other purposes.]*.....

   ..... _____ ewes

   ..... _____ ewe lambs

   ..... _____ rams

   If all are 0, how many years ago was the last addition made?.....
   Ewes..... _____ years
   Ewe lambs..... _____ years
   Rams..... _____ years

3. During 2010, did this operation:

   a. Have sheep leave this operation for shows, exhibitions, or breeding, and return to this operation?..... ☐1 Yes ☐3 No

   b. Graze sheep with flocks from another operation?..... ☐1 Yes ☐3 No

   c. Have sheep with fenceline contact with flocks from another operation?..... ☐1 Yes ☐3 No

   d. Have sheep visit from another operation for any reason such as shearing and breeding?..... ☐1 Yes ☐3 No

   e. Have other contact with sheep or flocks from another operation? (specify: _____)..... ☐1 Yes ☐3 No

**[If Questions 3a–3e all = NO, SKIP to Question 5.]**

4. During any of these occasions, were efforts made to decrease the nose-to-nose contact with other sheep?..... ☐1 Yes ☐3 No

5. During 2010, were any of the following cats present on this operation:

   a. Outdoor domestic?..... ☐1 Yes ☐3 No

      if yes, were they neutered/spayed..... ☐1 Yes ☐3 No

   b. Feral or stray?..... ☐1 Yes ☐3 No

      yes, were they neutered/spayed..... ☐1 Yes ☐3 No

   c. Wild (e.g., bobcats)? ..... ☐1 Yes ☐3 No

**[If Question 6a–6c all = NO, SKIP to Question 7.]**

6. Did these cats have access to any sheep-raising areas?..... ☐1 Yes ☐3 No

7. During 2010, were any of the following control methods used for rats and mice?

   a. Cats..... ☐1 Yes ☐3 No ☐4 No cats on operation

   b. Dogs..... ☐1 Yes ☐3 No ☐4 No dogs on operation

   c. Traps, baits, and/or poison..... ☐1 Yes ☐3 No

   d. Professional exterminator..... ☐1 Yes ☐3 No

   e. Other (specify: _____)..... ☐1 Yes ☐3 No

8. Do you use the following animals as guard animals for your sheep?

| | | | **If YES, how many are used?** |
|---|---|---|---|
| a. Llamas or alpacas..... | ☐1 Yes | ☐3 No | _____ |
| b. Donkeys..... | ☐1 Yes | ☐3 No | _____ |
| c. Dogs..... | ☐1 Yes | ☐3 No | _____ |

9. Did any of the visitors to this operation enter the sheep production area (barns, sheds, pastures, etc.) of your operation?..... ☐1 Yes ☐3 No

**[If Question 9 = NO, SKIP to Question 12.]**

11. How often did you require the following measures for visitors

entering the sheep production area of your operation?

| | | | | |
|---|---|---|---|---|
| a. | Change into clean clothes or coveralls?..... | ☐1 Always | ☐2 Sometimes | ☐3 Never |
| b. | Use a footbath before entry?..... | ☐1 Always | ☐2 Sometimes | ☐3 Never |
| c. | Change into clean boots or use shoe covers?..... | ☐1 Always | ☐2 Sometimes | ☐3 Never |
| d. | Scrub shoes before or immediately after entry?..... | ☐1 Always | ☐2 Sometimes | ☐3 Never |
| e. | Wash hands before handling sheep?..... | ☐1 Always | ☐2 Sometimes | ☐3 Never |
| f. | No contact with other livestock for at least 24 hours before visiting your sheep?..... | ☐1 Always | ☐2 Sometimes | ☐3 Never |
| g. | Park away from sheep area?..... | ☐1 Always | ☐2 Sometimes | ☐3 Never |

12. Typically, which of the following housing methods are used for the majority of the flock during:

| | | Fully enclosed (total confinement) | Enclosed structure (four sides and roof with large door open most of the time) | Open structure with one or more sides open | No structure |
|---|---|---|---|---|---|
| a. | Winter? | ☐1 | ☐2 | ☐3 | ☐4 |
| b. | Summer? | ☐1 | ☐2 | ☐3 | ☐4 |
| c. | First or only lambing season? | ☐1 | ☐2 | ☐3 | ☐4 |
| d. | Second lambing season? | ☐1 | ☐2 | ☐3 | ☐4 |
| | | | | ☐5 No second lambing season | |

**[If Question 12c = 4 (No structure), SKIP to Question 15.]**

13. Which of the following best describes how frequently the lambing areas are cleaned of manure and waste bedding during lambing?

☐1 Never cleaned

☐2 Cleaned between each ewe

☐3 Cleaned between two or more ewes

☐4 Cleaned at the end of the lambing season

14. In the previous 12 months, have jugs been used as part of lambing management? ☐1 Yes ☐3 No

If YES, which of the following best describes how frequently the jug areas are cleaned of manure and waste bedding during lambing:

☐1 Never cleaned

☐2 Cleaned between each ewe

☐3 Cleaned between two or more ewes

☐4 Cleaned at the end of the lambing season

15. During the previous 12 months, how often did this operation use the same equipment to handle both manure and sheep feed?

☐1 Routinely

☐2 Rarely

☐3 Never

If Routinely or Rarely, which best describes cleaning procedures usually done with equipment after handling manure and prior to handling feed?

☐1 Wash equipment with water or steam only

☐2 Chemically disinfect only

☐3 Wash equipment and chemically disinfect

☐4 Change bucket only

☐5 Other (specify: _____)

☐6 No procedures done

16. Does this operation make use of manure by:

a. Applying manure to land either owned or rented?..... ☐1 Yes ☐3 No

b. Selling it or receiving other compensation?..... ☐1 Yes ☐3 No

c. Giving it away?..... ☐1 Yes ☐3 No

d. Using composted manure as bedding?..... ☐1 Yes ☐3 No

e. Other? (specify: _____)..... ☐1 Yes ☐3 No

17. Did you use the newly approved (October 2009) progesterone insert (EZ Breed CIDR) as a breeding tool in 2010?..... ☐1 Yes ☐3 No

IF yes, was it used:

a. For out-of-season breeding?..... ☐1 Yes ☐3 No

b. To synchronize estrus in season (extra label)?..... ☐1 Yes ☐3 No

c. With a gonadotropin or GnRH (extra label)?..... ☐1 Yes ☐3 No

d. Other? (specify: _____)..... ☐1 Yes ☐3 No

18. If you used CIDR, would you use it again?..... ☐1 Yes ☐3 No

## Section B—Lambing and Lambing Management

1. Are placentas usually removed from pens or the lambing area?..... ☐1 Yes ☐3 No

**[If Question 1 = NO, SKIP to Question 4.]**

2. Which of the following best describes how placentas are usually disposed of?

☐1 Burn/incinerate

☐2 Bury

☐3 Render

☐4 Landfill/dump

☐5 Compost

☐6 Left for carnivores

☐7 Other (specify: _____)

3. What is the average length of time (in hours) placentas are left on the ground before disposal?..... _____ hours

4. During 2010, did you shear ewes or crutch them within 6 weeks of lambing?..... ☐1 Yes ☐3 No

5. Did any ewes abort during the previous 12 months?..... ☐1 Yes ☐3 No ☐4 Don't know
   If YES, how many ewes in the following lambing categories aborted:
   a. First lambing?..... _____ ewes
   b. Second through fifth lambing?..... _____ ewes
   c. Sixth or greater lambing?..... _____ ewes

**[If Question 5 = NO or Don't know, SKIP to Question 8.]**

6. Which of the following do you usually do with regard to abortions or aborting ewes?
   a. Remove placentas or fetuses from area as soon as possible..... ☐1 Yes ☐3 No
   b. Physically separate aborting ewes or ewes that have aborted from lambing or replacement ewes..... ☐1 Yes ☐3 No
      If YES, for how many days?..... _____ days
   c. Clean the area by removing bedding and/or dirt..... ☐1 Yes ☐3 No
   d. Disinfect the area..... ☐1 Yes ☐3 No

7. During the previous 12 months, were any samples sent to a diagnostic lab or veterinarian for diagnosis?..... ☐1 Yes ☐3 No
   If YES, were abortions caused by any of the following?
   a. Campylobacteriosis (vibrio abortion)..... ☐1 Yes ☐3 No ☐4 Don't know
   b. Chlamydiosis (enzootic abortion)..... ☐1 Yes ☐3 No ☐4 Don't know
   c. Toxoplasmosis..... ☐1 Yes ☐3 No ☐4 Don't know
   d. Q fever..... ☐1 Yes ☐3 No ☐4 Don't know
   e. Salmonellosis..... ☐1 Yes ☐3 No ☐4 Don't know
   f. Listeriosis..... ☐1 Yes ☐3 No ☐4 Don't know
   g. Other (specify: _____)..... ☐1 Yes ☐3 No ☐4 Don't know

8. How many bred ewes were added?..... _____ ewes

9. How many bred ewes were separated from the rest of the flock until after they lambed?..... _____ ewes ☐1 No bred ewes added

10. Do you ever use the lambing area as a sick ewe pen:
    a. During lambing?..... ☐1 Yes ☐3 No
    b. During other times of the year?..... ☐1 Yes ☐3 No

11. Until after the lambing season, are bred ewe lambs or ewes pregnant for the first time physically separated from ewes that have had more than one full-term birth?..... ☐1 Yes ☐3 No ☐4 No 1st pregnancy ewes

12. At birth, is any lamb provided with **colostrum** from a source

other than its mother?..... ☐1 Yes ☐3 No

If YES, were any of the following sources of **colostrum** used?

a. Sheep colostrum from this operation..... ☐1 Yes ☐3 No

b. Sheep colostrum from outside source (liquid form)..... ☐1 Yes ☐3 No

c. Cow colostrum from herd with unknown Johne's status..... ☐1 Yes ☐3 No

d. Cow colostrum from herd tested for Johne's..... ☐1 Yes ☐3 No

e. Goat colostrum..... ☐1 Yes ☐3 No

f. Synthetic colostrum..... ☐1 Yes ☐3 No

g. Natural, dried sheep colostrum..... ☐1 Yes ☐3 No

h. Other (specify: _____)..... ☐1 Yes ☐3 No

13. Except for fostering, are any lambs supplemented with **milk** or milk replacer?..... ☐1 Yes ☐3 No

**[If Question 13 = NO in both columns, SKIP to Question 16.]**

14. Were any of the following sources of **milk** used?.....

a. Sheep milk from this operation..... ☐1 Yes ☐3 No

b. Sheep milk from outside source..... ☐1 Yes ☐3 No

c. Cow milk from herd with unknown Johne's status..... ☐1 Yes ☐3 No

d. Cow milk from herd tested for Johne's..... ☐1 Yes ☐3 No

e. Goat milk..... ☐1 Yes ☐3 No

f. Milk replacer..... ☐1 Yes ☐3 No

g. Other (specify: _____)..... ☐1 Yes ☐3 No

15. Is supplemented milk other than milk replacer pasteurized?..... ☐1 Yes ☐3 No ☐4 Don't know ☐5 Use only milk replacer

16. Were any tails docked for lambs born during 2010?..... ☐1 Yes ☐3 No

**[If Question 16 = NO, SKIP to Section C.]**

17. For the **majority** of these lambs, which of the following best describes

the length of lambs' tails after docking?

- ☐ 1 Shorter than the caudal fold (bare skin located under the tail which comes together in a "V")
- ☐ 2 At the caudal fold
- ☐ 3 Longer than the caudal fold

## Section C—Disease Control, Illness and Death

1. How many ewes were culled or died during 2010?..... _____ ewes

   Of these ewes, how many died or were culled with the following specific combination of signs?

   a. Progressive weight loss with normal appetite and no respiratory problems..... _____ ewes

   b. Labored breathing (may tire easily or trail flockmates) **with** progressive weight loss and normal appetite..... _____ ewes

   c. Neurological signs (e.g., loss of coordination, gait abnormalities, or severe itching or rubbing) with or without progressive weight loss with normal appetite..... _____ ewes

2. If a pregnant ewe shows weight loss with a normal appetite and does not respond to treatment, which of the following best describes what you would most likely do?

   ☐1 Cull her before lambing

   ☐2 Allow her to lamb and then re-evaluate or cull her

   ☐3 Keep her regardless of the above signs

3. Before this study, how familiar were you with Johne's disease (paratuberculosis)?

   ☐1 Very familiar

   ☐2 Somewhat familiar

   ☐3 Heard of name only

   ☐4 Never heard of

4. Do you currently have a flock health management program to control or prevent Johne's disease in your flock?..... ☐1 Yes ☐3 No

5. During 2010, were all, some, or none of the newly acquired breeding sheep obtained from a known Johne's test-negative flock?

   a. Ewes ☐1 All ☐3 Some ☐1 None ☐3 Don't know ☐3 No ewes acquired

   b. Rams *[include rams used for breeding only or rams permanently added to flock]* ☐1 All ☐3 Some ☐1 None ☐3 Don't know ☐3 No rams acquired

6. Before this study, how familiar were you with scrapie?

   ☐1 Very familiar

   ☐2 Somewhat familiar

   ☐3 Heard of name only

   ☐4 Never heard of

**[If Question 6 = 4 (Never heard of), SKIP to Question 9.]**

7. Which of the following best describes your participation in the National Scrapie Flock Certification Program?

   ☐1 Currently participate in the certification program

   ☐2 Know of the program but don't participate

   ☐3 Don't know of the program, but might participate

   ☐4 Don't know of the program and would not be interested in participating

8. During 2010, were all, some, or none of the newly acquired breeding sheep obtained from a flock participating in the National Scrapie Flock Certification Program?

   a. Ewes ☐1 All ☐3 Some ☐1 None ☐3 Don't know ☐3 No ewes acquired

   b. Rams *[include rams used for breeding only or rams permanently added to flock]* ☐1 All ☐3 Some ☐1 None ☐3 Don't know ☐3 No rams acquired

9. Are you doing any genetic selection for scrapie control in your flock?..... ☐1 Yes ☐3 No

   If YES, which of the following practices are you currently using?

   a. Using genetically less susceptible replacement rams (i.e., RR alleles)..... ☐1 Yes ☐3 No

   b. Selecting genetically less susceptible ewes (i.e., QR or RR alleles)..... ☐1 Yes ☐3 No

   c. Culling genetically more susceptible ewes (i.e., QQ alleles)..... ☐1 Yes ☐3 No

   d. Selecting less susceptible breeds for rams or ewes..... ☐1 Yes ☐3 No

   e. Other (specify: _____)..... ☐1 Yes ☐3 No

10. Before this study, how familiar were you with ovine progressive pneumonia (OPP)?

    ☐1 Very familiar

    ☐2 Somewhat familiar

    ☐3 Heard of name only

    ☐4 Never heard of

**[If Question 10 = 4 (Never heard of), SKIP to Question 16.]**

11. Do you currently have a flock health management program to control or prevent OPP in your flock?..... ☐1 Yes ☐3 No

12. During 2010, were newly acquired breeding sheep obtained from a known OPP-negative flock?

    a. Ewes ☐1 All ☐3 Some ☐1 None ☐3 Don't know ☐3 No ewes acquired

    b. Rams *[include rams used for breeding only or rams permanently added to flock]* ☐1 All ☐3 Some ☐1 None ☐3 Don't know ☐3 No rams acquired

13. Which of the following methods are you using to control or prevent OPP in your flock?

    a. Remove from flock all seropositive sheep and lambs (sold and/or isolated in separate facilities)..... ☐1 Yes ☐3 No

    b. Keep flock isolated from infected sheep or goats..... ☐1 Yes ☐3 No

    c. Add only seronegative sheep to flock..... ☐1 Yes ☐3 No ☐4 No sheep added

d. Test goats (if present) for OPP..... ☐1 Yes ☐3 No ☐4 No goats

e. Other methods (specify: _____)..... ☐1 Yes ☐3 No

14. Which of the following best describes this flock's testing for OPP?

☐1 Never test

☐2 Test selected sheep only

☐3 Test majority of sheep two or more times a year

☐4 Test majority of sheep once a year

☐5 Test majority of sheep less frequently than once a year

15. Which of the following best describes the current OPP status of your flock?

☐1 Currently infected with OPP

☐2 Previously infected with OPP but now negative

☐3 Never infected with OPP

☐4 Don't know current OPP status

If Question 15 = 2 (now negative), how do they know?

_____

16. How familiar are you with the following diseases?

a. Toxoplasmosis ☐1 Very ☐2 Somewhat ☐3 Heard of name only ☐4 Never heard of

b. Q fever ☐1 Very ☐2 Somewhat ☐3 Heard of name only ☐4 Never heard of

17. Indicate if, during the previous 3 years, any of the following have been present (suspected or confirmed) in your flock:

| | **In the flock during the previous 3 years?** | **If YES, was it diagnosed by either a veterinarian or a lab?** |
|---|---|---|
| a. Johne's (paratuberculosis) | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| b. Scrapie | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| c. Ovine progressive pneumonia (OPP) | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| d. Footrot | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| e. Caseous lymphadenitis (lumpy jaw) | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| f. Stomach or intestinal worms | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| g. Enterotoxemia/overeating disease (clostridium C&D) | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| h. Other clostridial diseases (blackleg, malignant edema, braxy, tetanus, botulism, big head) | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| i. Coccidiosis | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| j. Sore mouth (contagious ecthyma) [orf] | ☐1 Yes ☐3 No ☐4 Don't know | ☐1 Yes ☐3 No |
| k. Ring worm or club | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | lamb fungus | ☐1 Yes | ☐3 No | ☐4 Don't know | ☐1 Yes | ☐3 No |
| l. | Bluetongue | ☐1 Yes | ☐3 No | ☐4 Don't know | ☐1 Yes | ☐3 No |

18. How many injections of any kind did a ewe typically receive in the last 12 months?

19. Of **all** injections administered on this operation, what percentage were administered by farm personnel?____ %

20. Of **all** injections administered on this operation, what percentage were:

| | | | |
|---|---|---|---|
| a. | Intramuscular (IM)? | S192 | _____ % |
| b. | Subcutaneous (SQ)? | S193 | _____ % |
| c. | Intravenous (IV)? | S194 | _____ % |
| | Total *(should equal 100%)* | | 100% |

21. During 2010, did you give the following vaccines to:
*[DK = Don't know]*

| | | **ANY replacement or breeding ewes?** | **ANY NURSING lambs?** | **ANY breeding rams?** [Check here ____ if no breeding rams in 2010 and leave column blank.] |
|---|---|---|---|---|
| a. | Clostridia C&D (overeating) | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| b. | Clostridial 7- or 8-way (i.e., blackleg, malignant edema, braxy, big head) | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| c. | Tetanus toxoid | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| d. | Sore mouth (contagious ecthyma) [orf] | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| e. | *E. coli* (scours) | | | |
| f. | *Vibrio* (*Campylobacter*) | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | |
| g. | Enzootic abortion of ewes (EAE) [*Chlamydia*] | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | |
| h. | Leptospirosis bacteria | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| i. | Footrot (*Fusobacterium*) | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| j. | *Pasteurella* | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| k. | Rabies | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| l. | Bluetongue | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| m. | Caseous lymphadenitis (*Corynebacterium pseudotuberculosis*) | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK | ☐1 Y ☐3 N ☐4 DK |
| n. | Ram epididymitis bacterin (*Brucella*) | | | ☐1 Y ☐3 N ☐4 DK |

20. During 2010, did you have any **weaned** lambs (feeder lambs) intended for market?..... ☐1 Yes ☐3 No

If YES, did you give any of the following vaccines to these weaned lambs **after** they were weaned?

| | | Given in 2010 | If YES, what was the usual route of administration? |
|---|---|---|---|
| a. | Clostridium C&D (overeating) | ☐1 Yes ☐3 No | ☐1 SQ ☐3 IM |
| b. | Clostridial 7- or 8-way (i.e., blackleg, malignant edema, braxy, big head) | ☐1 Yes ☐3 No | ☐1 SQ ☐3 IM |
| c. | Tetanus toxoid | ☐1 Yes ☐3 No | ☐1 SQ ☐3 IM |
| d. | *E. coli* (scours) | ☐1 Yes ☐3 No | ☐1 SQ ☐3 IM |
| e. | Footrot (*Fusobacterium*) | ☐1 Yes ☐3 No | ☐1 SQ ☐3 IM |
| f. | Bluetongue | ☐1 Yes ☐3 No | ☐1 SQ ☐3 IM |
| g. | Sore mouth (contagious ecthyma) | ☐1 Yes ☐3 No | |
| h. | Other vaccines (specify: _____) | ☐1 Yes ☐3 No | ☐1 SQ ☐3 IM |

22. Which of the following sore mouth vaccines was used most recently?
Colorado Serum Company
Texas Agrilife
Other (specify: _____)
Don't know

23.. Who vaccinated sheep for sore mouth during the previous 12 months, and did they wear gloves when administering the vaccine?
*[DK = Don't know]*

| | | Gave vaccine | If YES, were gloves worn? |
|---|---|---|---|
| a. | Veterinarian..... | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No ☐4 DK |
| b. | Farm worker(s)..... | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No ☐4 DK |
| c. | Owner/operator..... | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No ☐4 DK |
| d. | Other (specify: _____) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No ☐4 DK |

24. If **any** vaccinations given to weaned market lambs (feeder lambs) via IM (intramuscular), what was the **primary** location used? [PICTURE HERE?]

☐1 Neck
☐2 Loin
☐3 Leg
☐4 Other location (specify: _____)

25. In the past 12 months, were any vaccinations given to ewes or lambs for disease treatment?

26. During 2010, did this operation use any of the following coccidiostats in feed or water?

| | Feed | Water |
|---|---|---|
| a. Ionophores (Rumensin®, Bovatec®, Lasalocid) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| b. Sulfa drugs | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| c. Decoquinate (Deccox®) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| d. Other (specify: _____) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |

27. During 2010, did this operation use any of the following antibiotics for **disease treatment** in feed or water?

| | | |
|---|---|---|
| a. Aureomycin premix | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| b. Tetracycline (Chlormax®, Terramycin®) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| c. Neomycin sulfate | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| d. Other (specify: _____) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |

28. During 2010, did this operation put any of the following **growth promotants** in feed or water?

| | | |
|---|---|---|
| a. Ionophores | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| b. Antibiotics | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |

29. During 2010, did this operation use hormone implants such as Ralgro® in lambs for **growth promotion**?..... ☐1 Yes ☐3 No

If YES, what types were used:

a. Ralgro®..... ☐1 Yes ☐3 No

b. Other (specify: _____)..... ☐1 Yes ☐3 No

30.

## Section D—Parasites and Deworming

1. During 2010, was fecal testing done for sheep parasites?..... ☐1 Yes ☐3 No

2. During 2010, did you use a dewormer in the sheep feed for stomach or intestinal worms (not including coccidia)?..... ☐1 Always ☐2 Sometimes ☐3 Never

3. During 2010, did you use a dewormer that was **not** in the feed? ☐1 Yes ☐3 No ☐4 Don't know

**[If Question 3 = NO or Don't know, SKIP to Section E.]**

4. During 2010, did you deworm ewes or lambs for any of the following reasons?

| | Ewes | Lambs |
|---|---|---|
| a. General prevention measure | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| b. Because worms were seen | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| c. Fecal test results indicated a need | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| d. Because sheep or lambs were thin or doing poorly | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |

| | | | |
|---|---|---|---|
| e. | FMACHA | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| f. | Bottlejaw | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| g. | Other (specify: _____) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |

5. Does this operation use the FAMACHA© card/eye color (anemia) score for goats or kids?..... ☐1 Yes ☐3 No

**[If Question 5 = NO, SKIP to Question 7.]**

6. Do you use the FAMACHA card to:
   a. Identify or cull worm-susceptible goats or kids?..... ☐1 Yes ☐3 No
   b. Selectively deworm goats or kids (e.g., only goats with certain scores are dewormed)?..... ☐1 Yes ☐3 No
   c. Other? (specify: _____)..... ☐1 Yes ☐3 No

7. How many times during the previous year have you treated any goats or kids for internal parasites (with medications or natural/alternative dewormers)?..... _____ times

**[If Question 7 = ZERO, SKIP to ???.]**

8. Did you use any of the following natural or chemical dewormers during the previous 12 months?
   *[If YES, check box for method(s) of administration. D/K means Don't know.]*

| | | Directly into mouth or in feed | Injection | Pour-on |
|---|---|---|---|---|
| a. High tannin concentrate plants (e.g., lespedeza) | ☐1 Yes ☐3 No ☐4 D/K | | | |
| b. Natural or alternative dewormers (e.g., diatomaceous earth, botanicals, herbs, cayenne pepper, copper oxide wire particles) (specify: _____) | ☐1 Yes ☐3 No ☐4 D/K | | | |
| c. Ivomec®-ivermectin or Dectomax®-doramectin | ☐1 Yes ☐3 No ☐4 D/K | | | |
| d. Cydectin®/Quest®-moxidectin | ☐1 Yes ☐3 No ☐4 D/K | | | |
| e. Panacur®/Safeguard®-fenbendazole, or Valbazen®-albendazole or Synanthic®-oxfendazole | ☐1 Yes ☐3 No ☐4 D/K | | | |
| f. Rumatel®-morantel or Strongid®-Pyrantel | ☐1 Yes ☐3 No ☐4 D/K | | | |
| g. Levasole®/Tramisol®-levamisole | ☐1 Yes ☐3 No ☐4 D/K | | | |
| h. Other (specify: _____) | ☐1 Yes ☐3 No | | | |

9. During 2010, were any of the following dewormers used?

**Oral (drench or bolus)**

a. Albendazole (i.e., Valbazen®)..... ☐1 Yes ☐3 No
b. Fenbendazole (i.e., Panacur®, Safe-Guard)..... ☐1 Yes ☐3 No
c. Ivermectin (i.e., Ivomec® Sheep Drench)..... ☐1 Yes ☐3 No
d. Levamisole (i.e., Levasole, Tramisole, Ripericol)..... ☐1 Yes ☐3 No
e. Oxfendazole (i.e., Synanthic)..... ☐1 Yes ☐3 No
f. Pyrantel Pamoate (i.e., Strongid®-T)..... ☐1 Yes ☐3 No
g. Thiabendazole (i.e., Omnizole, TBZ-Thibenzole)..... ☐1 Yes ☐3 No
h. Other (specify: _____)..... ☐1 Yes ☐3 No

**Injectable**

i. Doramectin (i.e., Dectomax® injectable)..... ☐1 Yes ☐3 No
j. Ivermectin (i.e., Ivomec® injectable)..... ☐1 Yes ☐3 No
k. Levamisole (i.e., Levasole, Tramisole, Ripericol)..... ☐1 Yes ☐3 No
l. Other (specify: _____)..... ☐1 Yes ☐3 No

**Pour-on**

m. Doramectin (i.e., Dectomax® pour-on)..... ☐1 Yes ☐3 No
n. Levamisole (i.e., Levasole, Tremisole, Ripericol)..... ☐1 Yes ☐3 No
o. Mexodectin (i.e., Cydectin)..... ☐1 Yes ☐3 No
p. Other (specify: _____)..... ☐1 Yes ☐3 No

10. How frequently are dewormers rotated for ewes or lambs?
*[For example, first use Ivermectin (e.g., Ivomec) and then use Levamisole (e.g., Levasole)]*

| | Ewes | Lambs |
|---|---|---|
| a. Don't rotate (always use same kind of dewormer) | ☐1 | ☐1 |
| b. Less frequently than yearly | ☐2 | ☐2 |
| c. Rotate yearly | ☐3 | ☐3 |
| d. Rotate more frequently than yearly | ☐4 | ☐4 |

11. Were any ewes dewormed during the following time periods?

a. Within 1 month before lambing..... ☐1 Yes ☐3 No
b. Within 1 month after lambing..... ☐1 Yes ☐3 No
c. Within 1 month before going onto pasture or rotating to a new pasture..... ☐1 Yes ☐3 No ☐4 No pasture

   If YES, how many days on average were ewes held off pasture after deworming before returning to pasture?..... _____ days
d. While on pasture..... ☐1 Yes ☐3 No ☐4 No pasture

   If YES, how many days on average were ewes held off pasture after deworming before returning to pasture?..... _____ days
e. Other (specify: _____)..... ☐1 Yes ☐3 No

12. How important to you are the following as sources for deworming information?

| | | Importance | | |
|---|---|---|---|---|
| a. | Veterinarian | ☐1 Very | ☐2 Somewhat | ☐3 Not |
| b. | Other producer or goat owner | ☐1 Very | ☐2 Somewhat | ☐3 Not |
| c. | Sales representative | ☐1 Very | ☐2 Somewhat | ☐3 Not |
| d. | Extension/university personnel | ☐1 Very | ☐2 Somewhat | ☐3 Not |
| e. | Magazines/journals/club or 4–H publications (articles and/or ads) | ☐1 Very | ☐2 Somewhat | ☐3 Not |
| f. | Other source (specify: _____) | ☐1 Very | ☐2 Somewhat | ☐3 Not |

13. Has your veterinarian assisted in making decisions on which parasite treatments (dewormer) to use? ☐1 Yes ☐3 No ☐4 No veterinarian

14. During the previous 12 months, did you use the following fecal tests to see if your goats have worms that are resistant to dewormers?

| | | | |
|---|---|---|---|
| a. | Fecal egg count reduction (worm egg count both before and after deworming) | ☐1 Yes | ☐3 No |
| b. | DrenchRite® (lab test for resistance to dewormers) | ☐1 Yes | ☐3 No |
| c. | Other (specify: _____) | ☐1 Yes | ☐3 No |

15. During the previous 12 months, have you used a pour-on product or topical spray for **fly and/or lice control**? ☐1 Yes ☐3 No

## Section E—Pasture Management

1. When the sheep grazed on pasture during 2010, did you use any of the following pasturing methods?

| | | | |
|---|---|---|---|
| a. | Pasture alternately used for grazing sheep and other domestic species, such as cattle or horses | ☐1 Yes | ☐3 No |
| b. | Commingled cattle with ewe/lamb pairs while on pasture | ☐1 Yes | ☐3 No |
| c. | Pasture alternately used for grazing sheep and crop or hay production | ☐1 Yes | ☐3 No |

2. Do you ever rotate pasture? ☐1 Yes ☐3 No ☐4 Don't know

   If YES, on average how many days do you let the pasture go without sheep before using it again to graze sheep? _____ days

## Section F—Feeding Practices

1. Is harvested or commercial feed ever placed directly on the ground for sheep to eat? ☐1 Yes ☐3 No

2. Did you feed grain to any sheep during 2010? ☐1 Yes ☐3 No

**[If Question 2 = NO, SKIP to Question 7.]**

3. Did this grain contain any of the following:
*[If pellet, check label if possible, or write in margin "DK – pellets."]*

| | | |
|---|---|---|
| a. Corn? | ☐1 Yes | ☐3 No |
| b. Oats? | ☐1 Yes | ☐3 No |
| c. Barley? | ☐1 Yes | ☐3 No |
| d. Wheat? | ☐1 Yes | ☐3 No |
| e. Other? (specify: _____) | ☐1 Yes | ☐3 No |

4. During 2010, which of the following best describes the grain ration fed to the majority of the **ewes**?

☐1 Commercial bag mix
☐2 Balanced ration based on forage analysis
☐3 Other custom blended mix
☐4 Other (specify: _____)
☐5 None fed to ewes

5. During 2010, which of the following best describes the grain ration fed to the majority of the **lambs**?

☐1 Commercial bag mix
☐2 Balanced ration based on forage analysis
☐3 Other custom blended mix
☐4 Other (specify: _____)
☐5 None fed to lambs

6. What percentage of the grain that you fed to your sheep during 2010 was produced by this operation?..... _____ %

7. Did you feed hay to any sheep during 2010?..... ☐1 Yes ☐3 No

If YES, what percentage of the hay fed was produced by this operation?..... _____ %

8. Does the flock **typically** have access to the following water sources during winter and summer?

| | Winter | | Summer | |
|---|---|---|---|---|
| a. Pond/lake/reservoir (or other standing water) | ☐1 Yes | ☐3 No | ☐1 Yes | ☐3 No |
| b. Stream (or other running water) | ☐1 Yes | ☐3 No | ☐1 Yes | ☐3 No |
| c. Bucket/trough/waterer on the ground or up to 2 feet off the ground) | ☐1 Yes | ☐3 No | ☐1 Yes | ☐3 No |
| d. Bucket/trough/waterer 2 feet or more off the ground | ☐1 Yes | ☐3 No | ☐1 Yes | ☐3 No |
| e. Other (specify: _____) | ☐1 Yes | ☐3 No | ☐1 Yes | ☐3 No |

9. Which of the water sources is the **primary** source during:

   a. Winter?..... _____ code

   b. Summer?..... _____ code

   1 = Pond/lake/reservoir
   2 = Stream
   3 = Bucket/trough/waterer on the ground or up to 2 feet off the ground
   4 = Bucket/trough/waterer 2 feet or more off the ground
   5 = Other water source
   6 = Multiple sources used equally; can't pick one primary source

10. In general, do weaned lambs less than 12 months of age share common feed OR water sources with adult sheep?..... ☐1 Yes ☐3 No ☐4 No weaned lambs

11. During 2010, were the majority of the ewes flushed prior to the breeding season?..... ☐1 Yes ☐3 No

    If YES, for how many days?..... _____ days

    *[Flushing: feeding ewes extra energy prior to the breeding season in order to increase the ovulation rate and therefore increase the likelihood of multiple conceptions.]*

**[If Question 11 = NO, SKIP to Question 13.]**

12. For ewes that were flushed, indicate the following types of supplemental feed they were offered:

    a. Richer pasture (extra energy)..... ☐1 Yes ☐3 No

    b. Grain..... ☐1 Yes ☐3 No

    c. Extra hay..... ☐1 Yes ☐3 No

    d. Other (specify: _____)..... ☐1 Yes ☐3 No

13. Do you do any of the following for late gestation or lactating ewes?

    a. Increase quality and/or quantity of forage..... ☐1 Yes ☐3 No

    b. Increase quality and/or quantity of grain..... ☐1 Yes ☐3 No

    c. Increase frequency of feeding..... ☐1 Yes ☐3 No

    d. Add selenium..... ☐1 Yes ☐3 No

    e. Add or increase mineral supplements..... ☐1 Yes ☐3 No

    f. Other (specify: _____)..... ☐1 Yes ☐3 No

14. During 2010, were nursing lambs offered creep feed?..... ☐1 Yes ☐3 No

19. Do you ever place thin ewes with younger sheep to increase the ewes' feed intake?..... ☐1 Yes ☐3 No

20. During 2010, did you supplement the majority of your ewes and lambs with the following?

| | Ewes | Lambs |
|---|---|---|
| **Salt (loose or block)** | | |
| a. Plain salt | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| b. Iodized salt | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| c. Selenium salt | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| d. Trace mineral salt | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| e. Other salt (specify: _____) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| **Vitamin or mineral injections** | | |
| f. Vitamin E/selenium injection | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| g. Other vitamin or mineral injections (specify: _____) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| **Molasses** | | |
| h. Tub (liquid or solid) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |
| i. Other molasses (specify: _____) | ☐1 Yes ☐3 No | ☐1 Yes ☐3 No |

21. During the previous 3 years, were any of the following samples from your sheep operation submitted to a laboratory for nutritional analysis?

a. Grain..... ☐1 Yes ☐3 No ☐4 No grain used during the previous 3 years

b. Pasture..... ☐1 Yes ☐3 No ☐4 No pasture used during the previous 3 years

c. Dried forage..... ☐1 Yes ☐3 No ☐4 No dried forage used during the previous 3 years

**[If Questions 21b and 21c = NO or Not applicable, SKIP to Question 23.]**

22. Were any of the following analyses conducted on sheep pasture or forage during the previous 3 years?

a. Protein, energy, and fiber (proximate)..... ☐1 Yes ☐3 No

b. Calcium and phosphorus..... ☐1 Yes ☐3 No

c. Trace mineral analysis..... ☐1 Yes ☐3 No

d. Other (specify: _____)..... ☐1 Yes ☐3 No

23. Was any of the sheep's drinking water tested during the previous 3 years?..... ☐1 Yes ☐3 No

If YES, which of the following was the water tested for?

a. Minerals..... ☐1 Yes ☐3 No ☐4 Don't know

b. Bacteria..... ☐1 Yes ☐3 No ☐4 Don't know

c. Contaminants..... ☐1 Yes ☐3 No ☐4 Don't know

d. Other (specify: _____)..... ☐1 Yes ☐3 No ☐4 Don't know

## Office Use Only

| State FIPS:_____ | Operation #:_____ | Interviewer:_____ | Date: ____/____/____ |
|---|---|---|---|
| 2-digits | 4-digits | Initials | (mm/dd/yy) |

1. Total time for interview (include time to discuss the program and complete the questionnaire)..... _____ min

2. Total travel time (round trip)..... _____ min

3. Data collector(s): *(Enter the number for each category.)*
   ____ Federal VMO ____ Federal AHT ____ State personnel ____ Other (specify)

4. Enter response code 99 if questionnaire is completed or enter one code of 0-7 that best describes the reason why the owner is not participating..... _____ code

   99 = Survey completed
   00 = Producer not contacted by VMO
   01 = Poor time of year or no time
   02 = Does not want anyone on operation
   03 = Bad experience with government veterinarians
   04 = Does not want to do another survey or divulge information
   05 = Told NASS they did not want to be contacted
   06 = Ineligible (no sheep)
   07 = Other reason (explain below)

5. Will blood samples be taken?..... ☐1 Yes ☐3 No

6. Will fecal samples for parasites testing be taken?..... ☐1 Yes ☐3 No

7. Is the Producer willing to participate in the harvested forage test if selected?..... ☐1 Yes ☐3 No ☐4 Not offered ☐5 No forage available

8. Producer data quality..... ☐1 Good to Excellent ☐2 OK ☐3 Poor

9. Field data quality..... ☐1 Good to Excellent ☐2 OK ☐3 Poor

Comments regarding this questionnaire or operation:

VMO or AHT Signature:_____