

OMB APPROVED 0579-0101 EXP DATE XX/XXXX

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) Telephone Number ()

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

Table with 7 columns: Name, Address, City, State, Zip Code, Reason (Circle One), Date. Rows A-E.

24. FLOCK OWNER'S SIGNATURE

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)

26. HAVE ANY OF YOUR SHEEP BEEN ON PREMISES OR PASTURES NOT LISTED ON PREVIOUS REPORTS Yes No N/A

27. INSPECTOR'S/VMO'S SIGNATURE

29. HAVE RAMS OF LOWER PROGRAM STATUS BEEN INTRODUCED INTO THE FLOCK YES NO N/A STATUS DATE OF RAMS ONLY (if checked yes)

30. SFCP STANDARDS Meeting Standards Not Meeting Standards (explain in #22) Not Applicable

28. CONDITION OF ANIMALS All Clinically Normal Clinically Suspicious Animals Seen