According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0101. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0101
EXP DATE XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

FLOCK INSPECTION AND EPIDEMIOLOGY REPORT
Flock Inspection for Complete Export Monitored Status In the Scrapie Flock Certification Program

Flock ID	Owner Name and Address	Flock Location if Different
PIN		
Telephone		

Inspector	Inspector ID	County
Inspection Date	Latitude	Longitude

Type of Flock
_____ Purebred
_____ Commercial
_____ Feeder
_____ Other _____

Veterinary Practitioner Name

Species | Predominant Breed

SHEEP	INVENTORY	GOATS
	Adult Males	
	Adult Females	
	Yearling Males	
	Yearling Females	
	Female Lambs/Kids	
	Male Lambs/Kids	
	Castrated Males	
	Total	

Yes	NO	INSPECTION CHECKLIST
		Sheep and goats inspected and found free of clinical signs of scrapie.
		Sheep and goats inspected and those over 1 year of age are officially identified.
		Discussed procedure for reporting of both scrapie suspect animals and animals found dead, and the submission of samples.
		WRITTEN OR COMPUTER RECORDS REVIEWED AND TRACK THE FOLLOWING INFORMATION?
		Official and Secondary Identification Type of official ID_____
		Sex and Breed.
		Progeny Official and Secondary identification and Sex.
		Date of Birth or Acquisition.
		Flock of Origin for purchased animals.
		Sire and Dams official and secondary identification.
		Source of animals added since last inspection.
		Purchased addition (name, date, and address of previous owner, status in SFCP).
		Purpose, reason, date, and buyer name and address for animals which are sold. Are all assumed to have been removed because they died? If not, should the other option(s) be noted?
		Disposition of removed animals: died, date, and cause, any practitioner diagnosis, if done.
		Purpose, reason, date, and buyer's name and address for animals which are sold.
		Records of sheep and goats sold as breeding animals and official ID applied and records of any other sheep and goats sold or disposed of.
		HAVE ANY OF THE FOLLOWING ACTIVITIES OCCURRED OVER THE LAST YEAR?
		Commingling of sheep with another producer's sheep.
		Purchase of does/ewes from another producer.
		Purchase of bucks/rams from another producer.
		Use of semen and embryos.
		Copy of Flock Inventory Attached.

Comments:

FLOCK OWNER SIGNATURE	INSPECTOR SIGNATURE