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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES | FLOCK INSPECTION AND EPIDEMIOLOGY REPORT Initial Flock Inspection for Complete or Export Monitored Status In the Scrapie Flock Certification Program |
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|------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| Flock ID | Flock Name and Address | Flock Location if Different | | |
| PIN | | | | |
| Telephone | | | | |
| Inspector | Inspector ID | County | | |
| Inspection Date | Latitude | Longitude | | |
| Type of Flock | <u>SHEEP</u> | INVENTORY Adult Males Adult Females Yearling Males Yearling Females Female Lambs/Kids Male Lambs/Kids Castrated Males Total | <u>GOATS</u> | |
| _____ Purebred | _____ | | _____ | |
| _____ Commercial | _____ | | _____ | |
| _____ Feeder | _____ | | _____ | |
| _____ Other _____ | _____ | _____ | _____ | |
| Veterinary Practitioner Name | | | | |
| Species | Predominant Breed | | | |

| 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 the submission of samples. Written or computer records reviewed and contain the following information: |
| | | Official and Secondary Identification Type of official ID _____ |
| | | Sex. |
| | | Breed. |
| | | Copy of Flock Inventory Attached. |
| | | Does the producer understand the following records will need to be kept in the future? |
| | | Date of Birth for future natural additions to the flock. |
| | | Sire and Dams official and secondary identification for future natural additions. |
| | | Progeny Official and secondary identification and sex. |
| | | Flock of Origin (<i>including SFCP status</i>) and date of acquisition for purchased animals. |
| | | Animal deaths – date died and cause of death. |
| | | Purpose, reason, date, and buyer name and address for animals which are sold. |
| | | Records of 1 year old sheep sold as breeding animals and official ID replaced |
| | | Does the owner anticipate any of the following activities to occur over the next year? If so discuss the implications of the activities on his/her flock status. |
| | | Commingling of sheep with another producer's sheep. |
| | | Purchase of ewes from another producer. |
| | | Purchase of rams from another producer. |
| | | Use of semen and embryos. |

Comments

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|-----------------------|-----|----|----------------------------------------------------|
| Flock Owner Signature | Yes | No | Application Form Completed (<i>VS Form 5-22</i>) |
| Inspector Signature | Yes | No | Received Copy of SFCP Standards |
| | Yes | No | Meets Program Standards |