



Animal and
Plant Health
Inspection
Service

Veterinary
Services

Cervid 2014 Study

National Animal Health
Monitoring System

2150 Centre Ave.,
Bldg. B, MS 2E7
Fort Collins, CO 80526

Form Approved
OMB Number 0579-xxxx
Approval expires:

*Your participation in this survey will provide valuable information about management practices of the cervid industry. Participation is voluntary and confidential, the information you provide will not be reported on an individual level. The information will be summarized and reported on a regional and national basis only. We estimate that this survey will take approximately 30 minutes to complete. **To ensure your privacy, please do not put your name or other identification on this form.***

Today's date: ___/___/___

Section 1—Inventory

1. On August 1, 2014, how many of the following farmed cervids were on your operation?

	Total inventory	Number mature (1 year and over)		Number immature (under 1 year)	
		Males	Females	Males	Females
Elk					
Red deer					
Elk/red deer hybrid					
Sika deer					
Mule deer					
White-tailed deer					
Black-tailed deer					
Fallow deer					
Reindeer					
Other (specify:)					
Other (specify:)					
Other (specify:)					
Other (specify:)					
Total					

[If inventory = 0, SKIP to section XX (end of questionnaire).]

For the remainder of this questionnaire, please consider all cervids to be classified as “deer” unless they are elk, red deer, or elk/red deer hybrids.

2. How many cervids permanently left the operation from August 1, 2013, through July 31, 2014?
 [Enter the number of cervids that permanently left the operation by method/purpose.]

Method/purpose	Number of DEER	Number of ELK or RED DEER
Allowed hunting on-site		
Private sale for game farm/ hunting on another site		
Private sale for breeding stock		
Private sale for venison		
Directly to packer/slaughter		
Traded or gave away		
Sold at markets or auctions		
Sold to dealers		
Other (specify:)		
Total		

Of the total that permanently left the operation,
 how many went out of State? _____ Deer _____ Elk or red deer

3. From August 1, 2013, through July 31, 2014, how many of your cervids died due to natural causes or were lost/stolen (by species and cause)? [Exclude hunter-killed or slaughtered animals.]

Cause of death/disappearance	Number of DEER	Number of ELK or RED DEER
EHD (epizootic hemorrhagic disease)		
Respiratory illness/pneumonia		
Digestive illness		
Neurologic disorder		
Handling related		
Predation		
Trauma (not related to handling or predation)		
Lightning/weather related		
Lost/stolen		
Other (specify:)		
Other (specify:)		
Unknown		
Total		

Section 2—Operation Management

1. Which of the following describes your operation? *[Please indicate Yes or No for each option.]*

a. Game ranch/hunting.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
b. Breeding for sale of offspring.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
c. Meat production/slaughter.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
d. Antler/velvet production.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
e. Exhibition.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
f. Taxidermy.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
g. Pets/pleasure.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
h. Boarding.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
i. Rehabilitation.....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
j. Other (specify: _____).....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No

2. If you selected more than one operation description in question 1, which is the **primary** operation type? *[Enter one letter, a through j.]* _____

3. Which of the following best describes the total dollar value of cervids and cervid products sold from this operation from August 1, 2013, through July 31, 2014? Please report **gross sales**, the total of all sales before subtracting operating expenses, payment of taxes, or other expenses. *[Check one only.]*
 - ₁ \$0
 - ₂ \$1 to \$9,999
 - ₃ \$10,000 to \$49,999
 - ₄ \$50,000 to \$99,999
 - ₅ \$100,000 to \$249,999
 - ₆ \$250,000 to \$499,999
 - ₇ \$500,000 or more

4. Do you keep the following herd management and business records?

a. Sales	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
b. Purchases	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
c. Breeding	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
d. Health	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
e. Feed	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No
f. Other (describe: _____).....	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No

5. Approximately how many years have farmed cervids been raised at this location? *[Include previous owners if known.]*..... _____ years

6. On how many acres are your cervids typically located:

a. In the fall/winter months (September–April)?.....	_____ acres
b. In the spring/summer months (May–August)?.....	_____ acres
c. During hunter harvest?.....	<input type="checkbox"/> NA _____ acres

7. Which of the following best describes your plans for your herd over the next year? *[Select one only.]*
- ₁ Increase herd size by 10 percent or more
 If checked, will you be adding new species?..... ₁ Yes ₃ No
 If Yes, which species? _____
- ₂ Maintain same herd size (within 10 percent)
- ₃ Decrease herd size by 10 percent or more
- ₄ Get out of the business
8. What percentage of your cervids today are individually identified?..... _____ %
9. What percentage of your cervids are typically individually identified prior to movement from your premises?..... _____ %

[If NO cervids are individually identified, SKIP to Section 3.]

10. Are your cervids individually identified by the following methods?
- a. Plastic ear tags..... ₁ Yes ₃ No
- b. Metal ear tags ₁ Yes ₃ No
- c. Electronic ear tags..... ₁ Yes ₃ No
- d. Electronic implant/microchip..... ₁ Yes ₃ No
- e. Tattoo/freeze brand ₁ Yes ₃ No
- f. Other (specify: _____)..... ₁ Yes ₃ No

Section 3—Handling Facilities and Methods

1. From August 1, 2013, through July 31, 2014, did you handle your cervids as a **group** for any reason (e.g., fawns/calves for vaccinations/ear tag placement)?..... ₁ Yes ₃ No
- a. If Yes, how many times did you handle cervids as a group during that year?..... _____
2. From August 1, 2013, through July 31, 2014, did you handle any **individual** farmed cervid for any reason (e.g., veterinary exam for possible illness, treatment, etc.)?..... ₁ Yes ₃ No
- a. If Yes, how many times did you handle cervids individually during that year?..... _____
3. Do you have facilities for handling/processing farmed cervids? ₁ Yes ₃ No

[If question 3 = No, SKIP to question 6.]

4. Were these facilities designed specifically for handling farmed cervids? ₁ Yes ₃ No

5. Do your handling facilities for farmed cervids have the following features?

[Please indicate Yes or No for each option.]

- a. Alley connecting multiple pens for sorting, handling, etc..... ₁ Yes ₃ No
- b. Tunnels (enclosed passageways)..... ₁ Yes ₃ No
- c. Shading/subdued lighting..... ₁ Yes ₃ No
- d. Drop chute..... ₁ Yes ₃ No
- e. Tilt table (e.g., "Grandpapa" Deerhandler™ Chute) ₁ Yes ₃ No
- f. Guillotine gates..... ₁ Yes ₃ No
- g. Swing gates..... ₁ Yes ₃ No
- h. Cable and pulley system to operate gates remotely..... ₁ Yes ₃ No
- i. Feeders that can be operated remotely..... ₁ Yes ₃ No

6. From August 1, 2013, through July 31, 2014, how many times did you handle any farmed cervids for the following reasons? *[Count animals being handled in a group at the same time as one instance.]*

- a. Treatment/physical examination..... _____ # times
- b. Vaccination..... _____ # times
- c. Testing/sampling..... _____ # times
- d. Contraception..... _____ # times
- e. Assisted reproduction..... _____ # times
- f. Movement of animals..... _____ # times
- g. Escape recovery..... _____ # times
- h. Euthanasia..... _____ # times
- i. Other (specify: _____)..... _____ # times

7. From August 1, 2013, through July 31, 2014, how often did you bottle-feed preweaned cervids to tame them for ease of handling?..... ₁ Always ₂ Sometimes ₃ Never

8. From August 1, 2013, through July 31, 2014, how often did you sort animals (e.g., by gender or age) prior to actually handling them? ₁ Always ₂ Sometimes ₃ Never

9. From August 1, 2013, through July 31, 2014, did you use the following means for restraining/handling any farmed cervids?

- a. Direct chemical restraint (e.g., syringe injection) ₁ Yes ₃ No
- b. Remote chemical restraint (e.g., darting)..... ₁ Yes ₃ No
- c. Gas anesthesia (e.g., mask)..... ₁ Yes ₃ No
- d. Other (specify: _____)..... ₁ Yes ₃ No

[If questions 9a-c = No, SKIP to question 12.]

10. How often did you weigh animals before chemically restraining them?
..... ₁ Always ₂ Sometimes ₃ Never

11. From August 1, 2013, through July 31, 2014, did the following people administer chemical restraint to cervids on the operation? [Please select "Yes" or "No" for each option.]

Producer/owner ₁ Yes ₃ No

Other operation employee ₁ Yes ₃ No

A private veterinarian ₁ Yes ₃ No

A Federal/State veterinarian ₁ Yes ₃ No

Other (specify: _____) ₁ Yes ₃ No

12. From August 1, 2013, through July 31, 2014, how many times were people who handled farmed cervids on the operation trained? [Check one only.]

₁ No handler training

₂ Trained once

₃ Trained/refreshed less than once per year for all handlers

₄ Trained/refreshed 1 to 2 times per year for all handlers

₅ Trained/refreshed more than 2 times per year for all handlers

₆ Other (specify: _____)

[If question 12 = 1 (No training), SKIP to section 4.]

13. From August 1, 2013, through July 31, 2014, were the following methods used on this operation for training handlers? [Please select "Yes" or "No" for each option.]

a. In-person instruction from a paid professional brought on site specifically for training ₁ Yes ₃ No

b. Video training..... ₁ Yes ₃ No

c. Discussion/lecture..... ₁ Yes ₃ No

d. On-the-job training..... ₁ Yes ₃ No

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

Section 4—Biosecurity

1. From August 1, 2013, through July 31, 2014, were any cervids moved off and returned to your operation (e.g., taken to pasture, bred elsewhere, etc.)? ₁ Yes ₃ No

[If question 1 = No, SKIP to question 3.]

2. From August 1, 2013, through July 31, 2014, were any cervids moved off the operation and returned for the following reasons?

a. Breeding males sent to other herds for breeding purposes and returned..... ₁ Yes ₃ No

b. Breeding females sent to other herds for breeding purposes and returned..... ₁ Yes ₃ No

c. Moved off-site to pasture and returned..... ₁ Yes ₃ No

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

3. From August 1, 2013, through July 31, 2014, were any new cervids brought onto your operation? ₁ Yes ₃ No

[If question 3 = No, SKIP to question 7.]

4. How many cervids did you obtain from the following sources from August 1, 2013, through July 31, 2014?

Source	Number of DEER obtained	Number of ELK or RED DEER obtained
Private sale		
Trade		
Auction		
Dealer		
Other (specify: _____)		
Total		

Of the total obtained, how many were obtained from out of State? _____ Deer _____ Elk or red deer

5. For the cervids added from August 1, 2013, through July 31, 2014, did you require that the herd of origin be:

- a. Tuberculosis (TB) Accredited?..... ₁ Yes ₃ No
- b. Chronic wasting disease (CWD) Accredited?..... ₁ Yes ₃ No
- c. Brucellosis Accredited?..... ₁ Yes ₃ No

For the next question, new additions include cervids that were permanently added to the herd and animals that were brought in temporarily for breeding, boarding or other purposes.

6. Did you isolate new additions (no physical contact or shared confinements) from your other cervids before introduction into your herd? ₁ Yes, always ₂ Yes, sometimes ₃ No
 If Yes, how long were the cervids typically isolated (days)?..... _____ days

7. From August 1, 2013, through July 31, 2014, were any *wild* cervids, sheep, or goats seen on or near your cervid premises?..... ₁ Yes ₃ No

If Yes, please check all that apply:

Wild animal	Inside facility	Near fence line
White-tailed deer		
Mule deer		
Elk		
Other wild cervids (specify: _____)		
Bighorn sheep		
Other wild sheep		
Wild goats		

8. How long has your operation been fenced to confine your cervids and exclude wild cervids (years)? _____ years ₄ Don't know

9. Do you use the following types of fencing as *perimeter* fencing to confine your cervids

and exclude wild cervids, and, if Yes, what is the approximate height of each type?
[Please answer for each option.]

Approx. height (feet)

- | | | | |
|---------------------------------|---|--|-------|
| a. Woven wire..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ |
| b. Wood | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ |
| c. Chain link | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ |
| d. High-tensile wire..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ |
| e. Electric | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ |
| f. Barbed wire | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ |
| g. Other (specify: _____) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No | _____ |
10. Are your cervids enclosed in double fencing?..... ₁ Yes ₃ No
11. Did any cervids escape from your fences from August 1, 2013, through July 31, 2014?..... ₁ Yes ₂ Don't know ₃ No
12. Are there any farmed cervids within 1 mile of your cervids?..... ₁ Yes ₂ Don't know ₃ No
 If Yes, do they have fence-line contact with your cervids? ₁ Yes ₃ No

Section 5—Reproduction

1. From August 1, 2013, through July 31, 2014, were any cervids bred while on this operation?..... ₁ Yes ₃ No

[If question 1 = No, SKIP to question 6.]

2. Did you use the following breeding practices for cervids bred on this operation? *[Please indicate Yes or No for each option.]*
- | | | |
|---|---|--|
| a. Single male placed with multiple females | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Single male placed with single female | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Multiple males placed with multiple females..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Artificial insemination..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Embryo transfer..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
3. Were males temporarily brought in from other herds for breeding purposes? ₁ Yes ₃ No
4. Were females temporarily brought in from other herds for breeding purposes? ₁ Yes ₃ No
5. Which of the following *best describes* the management of preweaned cervids in your herd? *[Check one only.]*
- ₁ Mother and calf/fawn remain with herd
- ₂ Mother and calf/fawn separated from herd
- ₃ Separate all calves/fawns from mothers and bottle feed
- ₄ Separate selected calves/fawns from mothers and bottle feed
- ₅ Other (specify: _____)

The next questions ask about female cervids that were continuously on your operation from

August 1, 2013, through July 31, 2014. For these females, answer the following questions for each species.

		Deer	Elk or red deer
6.	How many females were present during this entire time period? [If none, enter zero, and skip to Section 6.]	_____ females	_____ females
7.	How many of the question 6 females were bred during the 2013 breeding season? [If zero, skip to Section 6.]	_____ females	_____ females
8.	How many of the question 7 females gave birth to a live fawn or calf?	_____ females	_____ females

Section 6—Health Management

1. How familiar are you with the following diseases in cervids?

	How Familiar?		
a. Bovine tuberculosis?	<input type="checkbox"/> ₁ Not	<input type="checkbox"/> ₂ Somewhat	<input type="checkbox"/> ₃ Very
b. CWD?	<input type="checkbox"/> ₁ Not	<input type="checkbox"/> ₂ Somewhat	<input type="checkbox"/> ₃ Very
c. EHD?	<input type="checkbox"/> ₁ Not	<input type="checkbox"/> ₂ Somewhat	<input type="checkbox"/> ₃ Very
d. Malignant catarrhal fever?	<input type="checkbox"/> ₁ Not	<input type="checkbox"/> ₂ Somewhat	<input type="checkbox"/> ₃ Very
e. Clostridial diseases?	<input type="checkbox"/> ₁ Not	<input type="checkbox"/> ₂ Somewhat	<input type="checkbox"/> ₃ Very
f. Brucellosis?	<input type="checkbox"/> ₁ Not	<input type="checkbox"/> ₂ Somewhat	<input type="checkbox"/> ₃ Very

2. From August 1, 2013, through July 31, 2014, did you vaccinate any of your cervids?

₁ Yes ₃ No

If Yes, which diseases did you vaccinate against?

- | | |
|---|--|
| a. <i>Clostridium perfringens</i> Type A (diarrhea)..... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. <i>Clostridium perfringens</i> Type C and D (overeating, enterotoxemia)..... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| c. Tetanus..... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| d. Epizootic hemorrhagic disease | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| e. Bluetongue | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| f. <i>Fusobacterium necrophorum</i> (lumpy jaw)..... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| g. <i>Pasteurella multocida</i> (pneumonia) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| h. <i>Trueperella pyogenes</i> (aka: Actinomyces, Corynebacterium, Arcanobacterium).... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| i. Other (list: _____) | |

3. From August 1, 2013, through July 31, 2014, did a veterinarian visit your operation for any reason? ₁ Yes ₃ No
 If Yes, for what reasons? [Please select "Yes" or "No" for each option.]
- a. Medical treatment (illness or injury)..... ₁ Yes ₃ No
 - b. Consultation..... ₁ Yes ₃ No
 - c. Vaccinations..... ₁ Yes ₃ No
 - d. Health certificate issuance..... ₁ Yes ₃ No
 - e. Artificial insemination ₁ Yes ₃ No
 - f. CWD sampling..... ₁ Yes ₃ No
 - g. Tuberculosis testing..... ₁ Yes ₃ No
 - h. Brucellosis testing..... ₁ Yes ₃ No
 - i. Tranquilization/handling..... ₁ Yes ₃ No
 - j. Euthanasia..... ₁ Yes ₃ No
 - k. Other (specify: _____)..... ₁ Yes ₃ No

4. From August 1, 2013, through July 31, 2014, were the following conditions present (suspected or confirmed) in your herd?

	In the herd?	If Yes, how many head were affected?	If Yes, was it diagnosed by either a veterinarian or a lab?
a. Pneumonia	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Necrobacillosis (lumpy jaw)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Clostridial diseases (blackleg, malignant edema, tetanus, enterotoxemia)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Abscesses	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Internal parasites	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. External parasites	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
g. Lameness/foot problems	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
h. Infected pedicles/antlers	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
i. Warts	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ Don't know <input type="checkbox"/> ₃ No	_____ head	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

5. From August 1, 2013, through July 31, 2014, did you have any sudden, unexplained, high death loss within your herd?..... ₁ Yes ₃ No
6. From August 1, 2013, through July 31, 2014, did you observe any dead (including hunter-killed) cervids on your operation that had sloughing hooves, oral ulcers/sores, or scars on the rumen?..... ₁ Yes ₃ No
7. In the last 5 years, has epizootic hemorrhagic disease (EHD) been present in wildlife within 10 miles of your herd?.....₁ Yes ₂ Don't know ₃ No
8. Which of the following best describes your level of concern about the potential transmission of EHD to your herd? [*Select one only.*]
- ₁ Extremely concerned—it is one of the most potentially devastating diseases in cervids
- ₂ Moderately concerned—equally concerned with most other diseases of cervids
- ₃ Slightly concerned—much more concerned with other diseases of cervids
- ₄ Not concerned
9. From August 1, 2013, through July 31, 2014, did you use the following control measures **specifically to prevent EHD**?
- a. Applied insecticide to animal housing areas..... ₁ Yes ₃ No
- b. Applied insecticide directly on animals..... ₁ Yes ₃ No
- c. Controlled midge breeding sites (e.g., eliminated wet soil around water sources).. ₁ Yes ₃ No
- d. Used other midge control methods (specify: _____)..... ₁ Yes ₃ No
10. In the last 5 years, has EHD been present in your herd?..... ₁ Yes ₂ Don't know ₃ No
- If Yes, what percentage of your herd showed symptoms?
- a. Deer..... _____ %
- b. Elk or red deer..... _____ %
- If Yes, what percentage of your herd died?
- a. Deer..... _____ %
- b. Elk or red deer..... _____ %

[If question 10 = No, SKIP to question 13.]

11. From August 1, 2013 through July 31, 2014, did you have any cervids that were *suspected* to have EHD, but were not confirmed through either a necropsy examination by a trained professional or by virus isolation through a veterinary laboratory?..... ₁ Yes ₃ No
- If Yes, what percentage of your herd showed symptoms?
- a. Deer..... _____ %
- b. Elk or red deer..... _____ %
- If Yes, what percentage of your herd died?
- a. Deer..... _____ %
- b. Elk or red deer..... _____ %

12. From August 1, 2013 through July 31, 2014, did you have any cervids that were confirmed to have EHD through either a necropsy examination by a trained professional or by virus isolation through a veterinary laboratory?..... ₁ Yes ₃ No
 If Yes, what percentage of your herd showed symptoms?
 a. Deer..... _____ %
 b. Elk or red deer..... _____ %
 If Yes, what percentage died?
 a. Deer..... _____ %
 b. Elk or red deer..... _____ %
13. Of your cervids that *died naturally* from August 1, 2013, through July 31, 2014 (section 1, question xx), how many were tested for chronic wasting disease (CWD)?
- | | # Died | # Tested |
|----------------------------|--------|----------|
| a. 1 year of age and older | _____ | _____ |
| b. Under 1 year of age | _____ | _____ |
14. Of your cervids that were *slaughtered* or *hunter killed* from August 1, 2013, through July 31, 2014 (section 1, question 2a), what percentage were tested for CWD?
- | | % tested |
|-----------------------|----------|
| a. Slaughtered..... | _____ |
| b. Hunter killed..... | _____ |
15. How many years have you been testing your cervids for CWD?..... _____ years
16. Do you participate in your State's CWD certification program?₁ Yes ₂ NA – no state program ₃ No
 If Yes, in what year did you begin participating?..... _____

Section 7—Disease Testing Practices

Tuberculosis (TB) testing practices

1. Which of the following best describes how familiar you are with the blood tests for tuberculosis testing in cervids? (TB Stat Pak and/or DPP [Dual Path Platform] test) *[Select one only.]*
₁ Fairly knowledgeable
₂ Recognize the names, not much else
₃ Haven't heard of them before
2. Which of the following best describes how familiar you are with the TB Accreditation Program for farmed cervid herds? *[Select one only.]*
₁ Fairly knowledgeable
₂ Recognize the name, not much else
₃ Haven't heard of it before
3. Is your cervid herd a TB Accredited Herd? *[Answer for each species.]*
 a. Deer..... ₁ Yes ₂ In process ₃ No ₄ No deer on operation
 b. Elk or red deer..... ₁ Yes ₂ In process ₃ No ₄ No elk or red deer on operation

[If questions 3a and 3b both = Yes or species not on operation, SKIP to question 5.]

4. Did the following reasons influence your decision to **not** have a TB Accredited herd?
- a. TB tests not reliable..... ₁ Yes ₃ No
 - b. Too expensive to test..... ₁ Yes ₃ No
 - c. Not enough time to test..... ₁ Yes ₃ No
 - d. Not recommended by veterinarian..... ₁ Yes ₃ No
 - e. TB is not a concern to my operation..... ₁ Yes ₃ No
 - f. Other (specify: _____)..... ₁ Yes ₃ No
5. In the last 5 years, were any cervids on this operation tested for TB? *[Answer for each species.]*
- a. Deer..... ₁ Yes ₃ No ₄ No deer on operation
 - b. Elk/red deer..... ₁ Yes ₃ No ₄ No elk or red deer on operation

[If questions 5a and 5b BOTH = No, SKIP to question 10.]

6. In the last 5 years, were the following types of TB tests used for any cervids on this operation?
- a. Tuberculin skin test (TB skin test)..... ₁ Yes ₃ No
 - b. Blood tests (TB Stat Pack or DPP)..... ₁ Yes ₃ No
7. When was the most recent TB test for any of your cervids? *[Select one only.]*
- ₁ Within the last year
 - ₂ 1 to 2 years ago
 - ₃ 3 to 5 years ago
8. When you last had any of your cervids tested for TB, did you test your:
[Select one only.]
- ₁ Entire herd?
 - ₂ Young cervids only?
 - ₃ Adult cervids only?
 - ₄ Specific animals only? (specify: _____)
9. When you last had any of your cervids tested for TB, were they tested for the following purposes:
- a. Herd accreditation?..... ₁ Yes ₃ No
 - b. Movement requirement?..... ₁ Yes ₃ No
 - c. Show or exhibition requirement?..... ₁ Yes ₃ No
 - d. State requirement?..... ₁ Yes ₃ No
 - e. Veterinarian (nonregulatory, private practitioner) recommendation?..... ₁ Yes ₃ No
 - f. Sale requirement?..... ₁ Yes ₃ No
 - g. Other? (specify: _____)..... ₁ Yes ₃ No

Brucellosis testing practices

10. In the last 5 years, were any cervids on this operation tested for brucellosis? *[Answer for each species.]*
- a. Deer..... ₁ Yes ₃ No ₄ No deer on operation
 - b. Elk or red deer..... ₁ Yes ₃ No ₄ No elk or red deer on operation

[If questions 10a and 10b BOTH = No, SKIP to question 13.]

11. When you last had any of your cervids tested for brucellosis, were they tested for the following purposes:

- a. Movement requirement?..... ₁ Yes ₃ No
- b. Show or exhibition requirement?..... ₁ Yes ₃ No
- c. Testing required for sale?..... ₁ Yes ₃ No
- d. Herd certification for brucellosis-free herd status?..... ₁ Yes ₃ No
- e. State requirement?..... ₁ Yes ₃ No
- f. Veterinarian (nonregulatory, private practitioner) recommendation?..... ₁ Yes ₃ No
- g. Other? (specify: _____)..... ₁ Yes ₃ No

12. Is your cervid herd a brucellosis Accredited Herd? *[Answer for each species.]*

- a. Deer..... ₁ Yes ₂ In process ₃ No ₄ No deer on operation
- b. Elk or red deer..... ₁ Yes ₂ In process ₃ No ₄ No elk or red deer on operation

Facilities for testing

13. How concerned are you with the following issues/challenges related to testing your cervids for diseases, such as TB or brucellosis?

	Level of concern			
	None	Low	Moderate	High
a. Testing too expensive				
b. Cervid injuries or deaths from handling				
c. Tests not reliable (e.g., false positive test results)				
d. Takes too long to test				
e. Lack of facilities to restrain cervids for testing				

14. In the last 5 years, how many animals died and how many were injured as a direct result of handling for TB or brucellosis disease testing on this operation?

	Deer	Elk or red deer
a. Died (number head)		
b. Injured but survived (number head)		

Section 8—Outreach

1. Do you belong to any national or international cervid or wildlife associations?..... ₁ Yes ₃ No
- If Yes, do you belong to:
- a. North American Elk Breeders Association?..... ₁ Yes ₃ No
- b. North American Deer Farmers Association?..... ₁ Yes ₃ No
- c. Reindeer Owners and Breeders Association?..... ₁ Yes ₃ No
- d. Exotic Wildlife Association?..... ₁ Yes ₃ No
- e. Other? (specify: _____)..... ₁ Yes ₃ No

2. Please rate the following cervid health information sources as very important, somewhat important, or not important:

Information source	Very important	Somewhat important	Not important
Producer meetings			
Other producers—individually			
Internet			
Magazines/newsletters			
University/extension			
Veterinarians			
Feed and drug salespeople			
Other (specify: _____)			

Thank you for your time. Please write in today's date and the time it took you to complete this survey. Return this Questionnaire in the enclosed envelope.

Date: _____ Time to Complete: _____ In minutes

Office Use Only (Disregard if the survey was completed by mail)

OFFICE USE ONLY

Response		Respondent		Mode		Enum.	Eval.	Office Use for POID	
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI 19-Other	9903	098	100	789	

								Optional Use	
								407	408
S/E Name									