



Animal and Plant
Health Inspection
Service

Veterinary
Services

NAHMS Equine 2015

Fecal Data Collection Record



National Animal Health
Monitoring System

2150 Centre Ave, Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-0269
EXP. DATE: XX/20XX

| Farm ID: (6 digits) | Kit #: | Collector's name and phone # | Date: (mm/dd/yy) |
|---------------------|--------|------------------------------|------------------|
| | | | |

- How many resident equids are on this premises?..... _____ head
- How many samples are being submitted to the lab?..... _____

| # resident horses | # horses to sample |
|-------------------|--------------------|
| Fewer than 10 | All |
| 10–19 | 10 |
| 20–49 | 15 |
| 50 or more | 20 |

3. [Interviewer's assessment. Do not ask this question of the owner.]

What is the overall cleanliness of the equine housing/pasture area compared to other equine operations in your area?

₁ Poor ₂ Average ₃ Excellent

4. Sample collection

- Place labels on whirlpak bags and write farm ID, animal name/unique ID, and sample number on each bag
- Turn a whirlpak bag inside out over your hand (wear gloves provided)
- Pick up a small handful (golf ball sized) of fecal material from the ground
- Turn the bag right side out, squeeze any extra air out of the bag and close firmly
- Place all the labeled sample bags inside the large ziploc bag and seal the bag
- Keep samples cool (do not freeze the samples) and ship on ice within 24 hours

Paperwork and shipping

- Complete the information on the data collection form for each horse sampled
- Send the original white copy to your NAHMS coordinator within 3 business days
- Include the yellow copy on top of the styrofoam lid and ship with samples
- Ship overnight on Mon-Wed only. No shipping Thr-Sat.
- The lab cannot receive samples Fri-Sun.**

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 0579-0269. 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.

**NAHMS-339
July 2014**

Reference codes for Fecal Collection

| | |
|--|---|
| Gender codes | |
| 1 – Intact male (stallion or colt) | 4 – Pregnant female |
| 2 – Castrated male (gelding) | 5 – Spayed female |
| 3 – Non-pregnant female (mare or filly) | |
| Primary use codes | |
| 1 – Pleasure | 4 – Racing |
| 2 – Show or competition (not betting) | 5 – Farm or ranch work |
| 3 – Breeding | 6 – Other (specify in column) |
| Equine type | |
| 1 = horse | 4= pony |
| 2 = mule | 5 = miniature horse |
| 3 = donkey | 6 = other |
| Breed codes | |
| 1 – Appaloosa | 9 – Quarter horse |
| 2 – Arabian | 10 – Standardbred |
| 3 – Draft breed | 11 – Tennessee Walker |
| 4 – Miniature horse | 12 – Thoroughbred |
| 5 – Morgan | 13 – Warmblood breeds |
| 6 – Mustang | 14 – Other registered breed (specify on collection form) |
| 7 – Paint | 15 – Other nonregistered breed (specify on collection form) |
| 8 – Saddlebred | |
| Antibiotics (see separate sheet) | |
| Route of administration of antibiotic | |
| 1 = oral | 2 = injected (into muscle or joint, or IV) |

| Code | Proprietary name | Established name | Manufacturer | Picture |
|------|------------------|------------------|--------------|---------|
|------|------------------|------------------|--------------|---------|

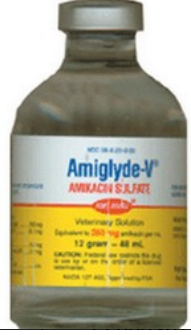





State/op #: _____

Fecal kit #: _____

ion date: _____

Collector name: _____

e #: _____

| Sample # | Animal name or unique ID | A. Age (months or years) | B. Gender (See code sheet.) | C. Primary use (See code sheet.) | D. Equine Type (See code sheet.) | E. Breed (See code sheet.) | F. Fecal score 1=normal 2=soft/cowpie-like 3=watery 4=bloody 5=other, describe | G. Body condition score 1=thin 2=normal 3=fat | H. D an rece antib the 12 m (Yes, [If No, cols 1, 2]) | I. Drug name | Manufacturer | Picture | J. Which antibiotic(s) were given in the last 30 days (enter code) | K. Route of administration of antibiotic(s) if given in the last 30 days (enter code) |
|----------|--------------------------|--------------------------|-----------------------------|----------------------------------|----------------------------------|----------------------------|---|--|---|--------------|--------------|---|--|---|
| | | | | | | | | | | | | | | |
| | | ___ mo OR ___ yr | | Amiglyde-V | | | Amikacin | Zoetis | H. D an rece antib the 12 m (Yes, [If No, cols 1, 2]) | | |  | | |
| 11 | | ___ mo OR ___ yr | | | | | | | | | |  | | |
| 12 | | ___ mo OR ___ yr | | Amoxicillin | | | Amoxicillin | Ranbaxy | | | | | | |
| 13 | | ___ mo OR ___ yr | | | | | | | | | | | | |
| 14 | | ___ mo OR ___ yr | | | | | | | | | | | | |
| 15 | | ___ mo OR ___ yr | | | | | | | | | | | | |
| 16 | | ___ mo OR ___ yr | | Ampicillin | | | Ampicillin | Various manufacturers | | | |  | | |
| 17 | | ___ mo OR ___ yr | | | | | | | | | | | | |
| 18 | | ___ mo OR ___ yr | | | | | | | | | |  | | |
| 19 | | ___ mo OR ___ yr | | | | | | | | | | | | |
| 20 | | ___ mo OR ___ yr | | | | | | | | | |  | | |
| | | | 4 | Zithromax | | | Azithromycin | Pfizer | | | |  | | |

