**Livestock Assessment Form**

This form should accompany the samples to the laboratory and copies should be submitted to \_\_\_\_\_\_\_\_\_

**Team Leader:**

**General Description:**

**Team Number:**

**DATE of visit:** / /

Day Month Year

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Province |  | District |  | Division |  | Location |  | Sub- location |  | Village/ Estate |  |
| GPSLocation | Lat |  | Current Location of Herd at time of visit: | Central collection point |  | Other: |
| Long |  | Herd’s current grazing ground |  |

**Please use decimal degrees format (example: S 01.31482 o, E 036.80287 o )**

# Herd Description:

|  |  |
| --- | --- |
| Herd Owner’s NAME: |  |
| Purpose of visit: | Vaccination |  | Investigation ofSuspect herd |  | Survey/ Routine Surveillance Visit |  | Other (specify): |
| Animals kept in Herd | Cattle | # | Sheep | # |  | # |  | # |  | # |
|  |  | Goats |  | Camels |  | Donkeys |  |
| Herd Movement | Sedentary |  | Nomadic/ pasturalist |  | Trade |  | Other (specify) |  |
| Herd Grazing Pattern | Common |  | Enclosed |  | Zero |  | Other (specify) |  |
| Has herd recently moved from anotherlocation? | No | Yes | If yes, provide details (previous location, date of movement, reason) |  |
| Have there been any reports of RVF amongpeople in area? | No | Yes | Source of information (such as local rumor, health facility – please specify) |  |

Public reporting burden of this collection of information is estimated to average 30 minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

**Herd Health Status (**Describe herd health status below)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Healthy?**(Y/N)**If no, then fill in | Unusual # Abortions? (# affecte d or zero) | Unusual # Stillbirths? (# affected or zero) | Unusual # Deaths -Young?(# affected or zero) | Unusual # Deaths -Adult?(# affected or zero) | Other unusual health problem – specify(# affected or zero) | Date problem first noted |
| Cattle |  |  |  |  |  |  |  |
| Sheep |  |  |  |  |  |  |  |
| Goats |  |  |  |  |  |  |  |
| Camels |  |  |  |  |  |  |  |
| Donkey |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

#### Additional comments: (IF NO RVF CLINICAL SIGNS FILL IN ZERO REPORT HERE)

**Herd Treatment** (Describe interventions below)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | RVF Vaccine(# treated or zero) | LSD Vaccine(# treated or zero) | CCPP Vaccine(# treated or zero) | Pour -on insecticide(# treated or zero) | Other (Specify)(# treated) | Samples taken(# taken or zero) |
| CattleSheep |  |  |  |  |  |  |
|  |  |
| Goats |  |  |  |  |  |  |
| Camels |  |  |  |  |  |  |
| DonkeyOther: |  |  |  |  |  |  |
| Specify any other treatments/vaccinations applied: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Animal ID** | **Health Status:** S=sick; H = healthy;A = recently aborted;PM = post-mortem; | **Species:**B=cattle; G=goats; S=sheep; C=camel; D=donkey; O=other (specify) | **Gender:**M =male; F =female; C =castrate | **RVF****Vaccination:** Yes/No/ Unknown | **Sample Submitted:** WB = Whole Blood;S = Serum; T = tissue | **Serology Results****IgM/IgG:**P=PositiveN=Negative | **Comments:** |
| 1 |  |  |  |  |  |  | / |  |
| 2 |  |  |  |  |  |  |  / |  |
| 3 |  |  |  |  |  |  |  / |  |
| 4 |  |  |  |  |  |  |  / |  |
| 5 |  |  |  |  |  |  |  / |  |
| 6 |  |  |  |  |  |  |  / |  |
| 7 |  |  |  |  |  |  |  / |  |
| 8 |  |  |  |  |  |  |  / |  |
| 9 |  |  |  |  |  |  |  / |  |
| 10 |  |  |  |  |  |  |  / |  |
| 11 |  |  |  |  |  |  |  / |  |
| 12 |  |  |  |  |  |  |  / |  |

Add additional pages as needed

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Animal ID** | **Health Status:** S=sick; H = healthy;A = recently aborted;PM = post-mortem; | **Species:**B=cattle; G=goats; S=sheep; C=camel; D=donkey; O=other (specify) | **Gender:**M =male; F =female; C =castrate | **RVF****Vaccination:** Yes/No/ Unknown | **Sample Submitted:** WB = Whole Blood;S = Serum; T = tissue | **Serology Results****IgM/IgG:**P=PositiveN=Negative | **Comments:** |
| 13 |  |  |  |  |  |  | / |  |
| 14 |  |  |  |  |  |  |  / |  |
| 15 |  |  |  |  |  |  |  / |  |
| 16 |  |  |  |  |  |  |  / |  |
| 17 |  |  |  |  |  |  |  / |  |
| 18 |  |  |  |  |  |  |  / |  |
| 19 |  |  |  |  |  |  |  / |  |
| 20 |  |  |  |  |  |  |  / |  |
| 21 |  |  |  |  |  |  |  / |  |
| 22 |  |  |  |  |  |  |  / |  |
| 23 |  |  |  |  |  |  |  / |  |
| 24 |  |  |  |  |  |  |  / |  |
| 25 |  |  |  |  |  |  |  / |  |
| 26 |  |  |  |  |  |  |  / |  |
| 27 |  |  |  |  |  |  |  / |  |
| 28 |  |  |  |  |  |  |  / |  |
| 29 |  |  |  |  |  |  |  / |  |
| 30 |  |  |  |  |  |  |  / |  |
| 31 |  |  |  |  |  |  |  / |  |
| 32 |  |  |  |  |  |  |  / |  |
| 33 |  |  |  |  |  |  |  / |  |
| 34 |  |  |  |  |  |  |  / |  |
| 35 |  |  |  |  |  |  |  / |  |