

### Livestock Assessment Form

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

**Team Leader:** \_\_\_\_\_ **Team Number:** \_\_\_\_\_ **DATE of visit:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day Month Year

**General Description:**

Province		District		Division		Location		Sub-location		Village/ Estate	
GPS Location	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 °, E 036.80287 °)

**Herd Description:**

Herd Owner's NAME:										
Purpose of visit:	Vaccination		Investigation of Suspect herd		Survey/ Routine Surveillance Visit		Other (specify):			
Animals kept in Herd	Cattle	#	Sheep	#	Goats	#	Camels	#	Donkeys	#
Herd Movement	Sedentary		Nomadic/ pastoralist		Trade		Other (specify)			
Herd Grazing Pattern	Common		Enclosed		Zero		Other (specify)			
Has herd recently moved from another location?	No	Yes <input type="checkbox"/>	If yes, provide details (previous location, date of movement, reason)							
Have there been any reports of RVF among people in area?	No	Yes <input type="checkbox"/>	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 <input type="checkbox"/>	Unusual # Abortions? (# affected 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)
Cattle						
Sheep						
Goats						
Camels						
Donkey						
Other:						

Specify any other treatments/vaccinations applied:

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

Add additional pages as needed



