

OMB APPROVED
0579-0101
EXP DATE XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
FLOCK INSPECTION AND EPIDEMIOLOGY REPORT

1. SFCP PARTICIPANT
 Yes No
 Applicant

2. INSPECTION DATE

3. OWNER NAME/CONTACT, ADDRESS AND TELEPHONE NO. (Include Zip Code)
Telephone Number ()

4. FLOCK LOCATION (If different from Item 3.)
GPS NO.

5. INSPECTOR'S/VMO'S NAME

6. INSPECTOR'S ID

7. FLOCK ID

8. FLOCK COUNTY

9. FLOCK TOWNSHIP

10. RANGE

11. SECTION

12. LATITUDE

13. LONGITUDE

14. REASON FOR INSPECTION (Please check all that apply)
 Routine High Risk Animals Exposed Animals Clinically Suspicious Other (Please Specify)

15. FLOCK STATUS (Please check all that apply)
 Certified Enrolled Select Invest Infected Other (Please Specify)
 Source Exposed Plan P Plan

16. FLOCK TYPE (Please check one box)
 Purebred Commercial Breeder Feeder Other (Please Specify)

17. FLOCK INVENTORY
Males > 1 Yr. _____ Males < 1 Yr. _____ Castrated Males < 1 Yr. _____ Total _____
Females > 1 Yr. _____ Females < 1 Yr. _____ Other (Please Specify) _____

18. VETERINARY PRACTITIONER'S NAME

19. PRACTITIONER'S ID

20. SPECIES
 Ovine Caprine

21. PREDOMINANT BREED(S)

22. FLOCK HISTORY AND REMARKS (Attach additional sheets, if needed.)

23. FLOCK IDENTIFIED THROUGH ANIMAL MOVEMENT (List name, location, reason, and known dates for each. Attach additional sheets, if needed. For each positive and exposed animal which has moved from the flock, complete and attach VS Form 5-20.)

Name	Address	City	State	Zip Code	Reason (Circle One)	Date
A.					Origin of Positive Disposition, High Risk Disposition, Exposed	
B.					Origin of Positive Disposition, High Risk Disposition, Exposed	
C.					Origin of Positive Disposition, High Risk Disposition, Exposed	
D.					Origin of Positive Disposition, High Risk Disposition, Exposed	
E.					Origin of Positive Disposition, High Risk Disposition, Exposed	

24. FLOCK OWNER'S SIGNATURE

25. HAVE YOUR EWES HAD DIRECT CONTACT (fence to fence or direct mixing) WITH NO PROGRAM SHEEP OR SHEEP WITH A LATER STATUS DATE SINCE LAST INSPECTION (SEE REMARKS)
 Yes No N/A
STATUS DATE OF EWES ONLY (if checked yes)

26. HAVE ANY OF YOUR SHEEP BEEN ON PREMISES OR PASTURES NOT LISTED ON PREVIOUS REPORTS
 Yes No N/A

27. INSPECTOR'S/VMO'S SIGNATURE

29. HAVE RAMS OF LOWER PROGRAM STATUS BEEN INTRODUCED INTO THE FLOCK
 YES NO N/A
STATUS DATE OF RAMS ONLY (if checked yes)

30. SFCP STANDARDS
 Meeting Standards
 Not Meeting Standards (explain in #22)
 Not Applicable

28. CONDITION OF ANIMALS
 All Clinically Normal
 Clinically Suspicious Animals Seen