CB&{|àa|* Át Át@ÁJæ|^|, [|\Ű^à* & Œ}} ÁtBæ/Ā-Ā-JÍÉBay Áte^^ & Ĉ Ā æÁ; (Át]) ፥ [ˈĒBay à ÁtaA], • [] Æn Ā] (Ā^•]] à Át ĒBæ/Æl ||^& æta} Åt, Æn ቶ [| œæta] Á } |^• - Æn Ā àā] జి* ∱æ∱æjaa ÁUTÓÆ(} ፩[|Å*{ à^|ĒÁ\@ Ágaja ÁUTÓÆ(} d[|Á*{ à^|Ā/[|Á@A] Át || & œæta} Æt || & œæta] Æt || & œæta }Æt || & œæta

OMB APPROVED 0579-0101 EXP DATE XX/XXXX

U.S. DEPARTMENT OF A ANIMAL AND PLANT HEALTH I VETERINARY SE	1.	SFCP PARTICIPANT Yes No	2. INSPECTION DATE	
FLOCK INSPECTION AND EPIDEMIOLOGY REPORT			Applicant	
3. OWNER NAME/CONTACT, ADDRESS AND TELEPHONE NO. (Inclu	ude Zip Code)	4. FLOCK LOCATION (if different from Item 3.)		
		l and we		
Telephone Number ()		GPS NO.	El COLLID	a 51 001/ 001/NTV
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)				
	Exposed Animals CI	inically Suspicious	Other (Please Sp	ecify)
15. FLOCK STATUS (Please check all that apply)	Source	Exposed Pla	n P Plan	
Certified Enrolled Select			ner (Please Specify)	
16. FLOCK TYPE (Please check one box)				
Purebred Commercial Breeder	Feeder	Other (Please Spec		
17. FLOCK INVENTORY				
Males > 1 Yr.	Castrated Males < 1 Yr. Other (Please Specify)	Total		
18. VETERINARY PRACTITIONER'S NAME	19. PRACTITIONER'S ID	20. SPECIES	21. PRI	EDOMINANT BREED(S)
		Ovine	☐ Caprine	
22. FLOCK HISTORY AND REMARKS (Attach additional sheets, if nee	eded.)			
23. FLOCK IDENTIFIED THROUGH ANIMAL MOVEMENT (List name,	location, reason, and known dates for e	each. Attach additional she	ets, if needed. For each positive	e and exposed animal which has
moved from the flock, complete and attach VS Form 5-20.)				
Name Address	City	State	Zip Code Reason (Circ	cle One) Date
			Origin of Po Disposition, H Disposition, E	igh Risk
В.			Origin of Po	ligh Risk
c.	+	-++	Disposition, l	·
			Origin of Po Disposition, Po Disposition, I	ligh Risk
D. — — — — — — — — — — — — — — — — — — —			Origin of P Disposition, I Disposition,	High Risk
E			Origin of P Disposition, I Disposition, I	ligh Risk
24. FLOCK OWNER'S SIGNATURE 25. HAVE YOUR EWES HAD DIRECT CONTACT (fenmixing) WITH NO PROGRAM SHEEP OR SHEEP LATER STATUS DATE SINCE LAST INSPECTION		HEEP OR SHEEP WITH A LAST INSPECTION (SEE	PREMIS	ANY OF YOUR SHEEP BEEN ON SES OR PASTURES NOT LISTED ON DUS REPORTS
27. INSPECTOR'S/VMO' S SIGNATURE		Yes No NA DATE OF EWES ONLY (if checked yes)		No N/A STANDARDS g Standards
28. CONDITION OF ANIMALS All Clinically Normal	29. HAVE RAMS OF LOWER PROGRAM STATUS BEEN INTRODUCED IN THE FLOCK YES NO N/A		RODUCED INTO Not Med	eting Standards (explain in #22)
Clinically Suspicious Animals Seen	STATUS DATE OF RAMS ONLY (if	chacked yes)	I	