

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**SCRAPIE EPIDEMIOLOGY REPORT**

Flock ID		Owner Name, Address, and Email Address	Flock Location if Different		
Premises ID					
Telephone					
Inspector		Inspector ID	County		
Inspection Date	Quarantine Number	Latitude	Longitude		
Type of Operation (check all that apply and circle primary activity)		<b>INVENTORY</b>	<b>SHEEP</b>	<b>GOATS</b>	
_____ Breeder (seed stock)		Adult males (≥ 12 mos)			
_____ Commercial (breeder)		Adult females (≥ 12 mos)			
_____ Club Lamb		Males (<12 mos)			
_____ Feeder		Females (<12 mos)			
_____ Dairy		Wethers (<12 mos)			
_____ Other _____		Wethers (≥ 12 mos)			
Veterinary Practitioner Name		<b>TOTAL</b>			
Species	Predominant Breed(s)				

1. Number of sheep or goats currently in the flock with clinical signs suggestive of scrapie: sheep: \_\_\_\_\_ goats: \_\_\_\_\_

2. Clinical signs suggestive of scrapie observed by the producer or inspector (check all that apply):
- |   |  |
|---|--|
| <input type="checkbox"/> No clinical signs of scrapie           | <input type="checkbox"/> Excitable, aggressive, or other abnormal behavior |
| <input type="checkbox"/> Incoordination                         | <input type="checkbox"/> Nibbling and licking movements                    |
| <input type="checkbox"/> Weight loss                            | <input type="checkbox"/> Convulsions                                       |
| <input type="checkbox"/> Intense itching/rubbing with wool loss | <input type="checkbox"/> Skin abrasions, from rubbing                      |
| <input type="checkbox"/> Involuntary muscle tremors             | <input type="checkbox"/> Other (describe): _____                           |

3. Approximate date when the first clinical signs suggestive of scrapie were seen: \_\_\_\_\_

4. Total number of sheep and/or goats that have shown clinical signs suggestive of scrapie in the past 5 years: \_\_\_\_\_

5. Number of adult deaths from all causes over the last year: \_\_\_\_\_

6. Number of rams with official genotype results: \_\_\_\_\_; number with unofficial genotype results: \_\_\_\_\_.  
(Attach copies of genotype records, if available.)

7. Number of ewes with official genotype results: \_\_\_\_\_; number with unofficial genotype results: \_\_\_\_\_.  
(Attach copies of genotype records, if available.)

8. Check the type of records kept:
- Record of official ID applied
  - Sex
  - Species and breed (or cross), or if breed is unknown, face color (sheep) or type (goats, i.e. meat, dairy, or fiber)
  - Date of birth or estimated month and year of birth
  - Contemporary lambing groups
  - Animal sire and dam Information
  - Sales information – ID, buyer, date sold
  - Purchase information – ID, seller, date purchased
  - Other (describe): \_\_\_\_\_

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9. Description of lambing/kidding facilities:

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10. How often is the lambing/kidding area cleaned and disinfected and describe process? If dates of cleaning and disinfection were recorded, attach copy of disinfection records.

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11. Are separate contemporary lambing/kidding groups used?

YES (indicate in inventory which animals are in each group and attach supporting documentation)

NO

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12. Method of disposal of placentas:

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13. Method of disposal of dead sheep/goats:

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14. Use an attachment to document the following information on each laboratory confirmed case and/or clinically suspicious animal currently in the flock. Additionally, complete as much information as possible on any clinical suspects that have resided in the flock over the last 5 years.

- Official ID and any secondary identification or marks
- Sex
- Species and breed (or cross), or if breed is unknown, face color (sheep) or type (goats, i.e. meat, milk, or fiber)
- Born on farm or purchased
- Date of birth or estimated month and year of birth
- If purchased, purchase date, flock ID of seller, seller name and address, and a description of the documentation of the purchase.
- Genotype, if known (attach documentation)
- Date clinical signs noted
- Confirmed case or clinical suspect
- If confirmed case, date laboratory confirmed; if suspect clinical signs observed
- If female: lambing date(s), lambing location(s) and all available information on offspring (current location, sales records, birth date, sex, official or other ID, identifying marks or characteristics, sire, sire's genotype if known, etc),
- Any additional comments on the animal's history

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15. Use an attachment to document the following information on the offspring of all female scrapie confirmed cases and the animal's disposition.

- Official ID, and any secondary identification or marks
- Sex
- Species and breed (or cross), or if breed is unknown, face color (sheep) or type (goats, i.e. meat, milk, or fiber)
- Date of birth or estimated month and year of birth
- Genotype, if known (attach documentation)
- Official ID of dam and sire
- Genotype of sire, if known (attach documentation)
- Disposition (i.e. living on farm, sold, dead or euthanized), and if transferred name and address of new owner
- Any additional comments on the animal's history.

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16. Use an attachment to document the following information on all purchased sheep/goats acquired at least 2 yrs before the first positive animal was diagnosed and up to 5 years before the positive animal was born or acquired unless a source flock has been identified. If a source flock has been identified (i.e., the infected animal was purchased and under 72 months of age), you can limit this information to the animals acquired from the source flock.

- Official ID and any secondary identification or marks
- Sex
- Species and breed (or cross), or if breed is unknown, face color (sheep) or type (goats, i.e. meat, milk, or fiber)
- Date of birth or estimated month and year of birth
- Genotype, if known (attach documentation)
- Date of purchase, flock ID of seller, seller name and address, and a description of the documentation of the purchase
- Any additional information on the purchase history

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17. Use an attachment to document the following information on all sheep/goats sold or otherwise disposed of since the positive animal(s) was born or acquired (Do not include lambs less than 12 months of age sold directly to slaughter).

- Official ID and any secondary identification or marks
- Sex
- Species and breed (or cross), or if breed is unknown, face color (sheep) or type (goats, i.e. meat, milk, or fiber)
- Date of birth or estimated month and year of birth
- Genotype, if known (attach documentation)
- Date of sale, flock ID of buyer, buyer name and address, and a description of the documentation of the sale
- Any additional information on the sale history

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18. Use an attachment to document the following information on the current flock inventory.

- Official ID and any secondary identification or marks
  - Sex
  - Species and breed (or cross), or if breed is unknown, face color (sheep) or type (goats, i.e. meat, milk, or fiber)
  - Born on farm or purchased
  - Date of birth or estimated month and year of birth
  - If purchased, purchase date, flock ID of seller, seller name and address, and a description of the documentation of the purchase.
  - Genotype, if known (attach documentation)
  - For females, pregnancy status – open, exposed to ram, late gestation and genotype of sire, if known
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**Investigator Signature**

**Title**

**Date**