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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES | SCRAPIE SFCP FLOCK INSPECTION REPORT Initial Flock Inspection for Export Monitored Status in the Scrapie Free Flock Certification Program (SFCP) |
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|-------------|--|--------------------------------|
| Flock ID | Owner Name, Address, and Email Address | Flock Location(s) if Different |
| Premises ID | | |
| Telephone | | |

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|-----------|--------------|--------------------|
| Inspector | Inspector ID | Inspector Initials |
|-----------|--------------|--------------------|

| | | | |
|-----------------|--------|----------|-----------|
| Inspection Date | County | Latitude | Longitude |
|-----------------|--------|----------|-----------|

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|---|--------------------------|--------------|--------------|
| Type of Operation (check all that apply and circle primary activity) <input type="checkbox"/> Breeder (seed stock) <input type="checkbox"/> Commercial (breeder) <input type="checkbox"/> Club Lamb/Kid <input type="checkbox"/> Dairy <input type="checkbox"/> Other _____ Veterinary Practitioner Name Species Predominant Breed(s) | INVENTORY | SHEEP | GOATS |
| | Adult males (≥ 12 mos) | | |
| | Adult females (≥ 12 mos) | | |
| | Males (<12 mos) | | |
| | Females (<12 mos) | | |
| | Wethers (<12 mos) | | |
| | Wethers (≥ 12 mos) | | |
| | TOTAL | | |

| Yes | No | INSPECTION CHECKLIST <i>If "No" for any item, explain in comments.</i> |
|-----|----|--|
|-----|----|--|

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| <input type="checkbox"/> | <input type="checkbox"/> | Sheep and goats inspected and found free of clinical signs of scrapie. |
| <input type="checkbox"/> | <input type="checkbox"/> | Sheep and goats inspected and inventoried and those over 12 months of age are officially identified. |
| <input type="checkbox"/> | <input type="checkbox"/> | Discussed requirement and procedure for reporting of scrapie suspect animals and animals found dead, and submission of samples. |

match the inventory made during the inspection and the records track the following information:

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| <input type="checkbox"/> | <input type="checkbox"/> | Official and any secondary identification or marks. If "Yes," type of official ID: |
| <input type="checkbox"/> | <input type="checkbox"/> | Sex. |
| <input type="checkbox"/> | <input type="checkbox"/> | Species and breed (or cross), or if breed is unknown type (sheep: meat, dairy, or fiber <i>and</i> face color; goats: meat, dairy, or fiber). |
| <input type="checkbox"/> | <input type="checkbox"/> | Date of birth or estimated month and year of birth. |
| <input type="checkbox"/> | <input type="checkbox"/> | Flock of origin (name and address of previous owner) and date of entry for those not born in flock. |
| <input type="checkbox"/> | <input type="checkbox"/> | For registered animals, the registry and registration number. |
| <input type="checkbox"/> | <input type="checkbox"/> | Information on genotyping, if known. |

The flock owner understands that in addition to the records above the following records need to be kept for 7 years:

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| <input type="checkbox"/> | <input type="checkbox"/> | Animal acquisitions: in addition to the items listed above, flock of origin ID number, status and status date in the SFCP at time of acquisition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Animal deaths: official ID, date died/found dead, diagnosis/cause and documentation of results of scrapie testing completed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Animals sold/removed: official ID, reason removed, date removed and name/address of buyer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Animals sold as SFCP-enrolled animals: the buyer must be provided with the required records. |

The implications of the following activities on flock status and status date were discussed:

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| <input type="checkbox"/> | <input type="checkbox"/> | Commingling of sheep/goats with sheep/goats of another flock or resided on the premises of another flock. |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase of ewes/does and/or rams/bucks from another flock. |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of semen and/or embryos, and/or sheep or goat milk or colostrum or products derived therefrom . |
| <input type="checkbox"/> | <input type="checkbox"/> | Failure to officially identify animals or to maintain accurate records, including a current inventory. |
| <input type="checkbox"/> | <input type="checkbox"/> | Failure to provide records to purchasers of animals sold as enrolled animals. |
| <input type="checkbox"/> | <input type="checkbox"/> | Failure to report animals exhibiting clinical signs of scrapie or to submit samples from these animals and animals found dead at over 18 months of age. |

Flock owner was given a copy of and was informed that he/she must comply with all requirements listed in the SFCP Standards.

Attach Copy of Flock Inventory

Comments (if more space needed, use an attached sheet):

| | | | |
|------------------------------|-------------|--|--|
| Flock Owner Signature | Date | <input type="checkbox"/> Yes <input type="checkbox"/> No | Application Form Completed (VS Form 5-22) |
| AVIC Signature | Date | <input type="checkbox"/> Yes <input type="checkbox"/> No | Flock Owner Received a Copy of SFCP Standards |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Flock Meets Program Standards |