

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0409. The time required to complete this information collection is estimated to average 6 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.

**OMB APPROVED**  
0579-0409

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

**BSE SURVEILLANCE DATA COLLECTION FORM**

**\*\*\*THIS FORM MUST BE USED IN CONJUNCTION WITH VS 17-146 (BSE SURVEILLANCE SUBMISSION FORM). DO NOT SUBMIT ALONE.\*\*\***

<b>1. PRIMARY REASON FOR SUBMISSION</b> (check the selection with the smallest number that applies)		<b>2. BSE Referral Number</b> (must agree with # on VS 17-146)
<input type="checkbox"/> 1. Highly suspicious for BSE <input type="checkbox"/> 2. FSIS, antemortem condemned cattle <input type="checkbox"/> 3. Rabies suspect <input type="checkbox"/> 4. CNS signs	<input type="checkbox"/> 5. Nonambulatory/Disabled/Downer <input type="checkbox"/> 6. Other clinical signs that may be associated with BSE as noted below <input type="checkbox"/> 7. Dead	
<b>3. INDIVIDUAL DETERMINING PRIMARY REASON (BLOCK 1) AND CLINICAL SIGNS (BLOCK 13)</b> (select one)		<b>4. BSE Sample ID</b>
<input type="checkbox"/> 1. Veterinarian employed by APHIS <input type="checkbox"/> 2. Veterinarian employed by FSIS <input type="checkbox"/> 3. Other Veterinarian <input type="checkbox"/> 4. Other APHIS personnel	<input type="checkbox"/> 5. Renderer/deadstock hauler/3D-4D <input type="checkbox"/> 6. Producer/owner <input type="checkbox"/> 7. Other (describe in Block 10)	

<b>5. OWNER INFORMATION</b>		<b>6. SLAUGHTER SITE OR</b> <input type="checkbox"/> <b>if same as Collection Site on VS 17-146</b> (complete only if slaughtered at State or FSIS-inspected facility)	
Name (including Business Name)		Premises ID or FSIS Plant Number	
Street		Name (including Business Name)	
City	State	ZIP Code	Street
Country (if not USA)	Premises ID or Lat/Long		City
			State
			ZIP Code
Phone	Fax	Phone	Fax
County	Email	Email	

<b>a. Animal Breed (if known)</b>  If breed not known: <input type="checkbox"/> Beef Breed <input type="checkbox"/> Dairy Breed Primary Colors:		<b>b. Age</b> _____ <input type="checkbox"/> Months <input type="checkbox"/> Years Age is: <input type="checkbox"/> Estimated <input type="checkbox"/> Recorded Dentition: 2 <sup>nd</sup> Set of Incisors Erupted <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>c. Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	<b>d. Neutered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>e. Country of Origin (only if KNOWN to be other than USA)</b>	<b>f. Official USDA Tag No.</b>	<b>g. FSIS Condemnation Tag No.</b> Z-	<b>h. Back Tag No.</b>	<b>i. Microchip No.</b>
	<b>j. Collection Site Tracking No.</b>	<b>k. Slaughter Tracking No.</b>	<b>l. Owner Ear Tag No.</b>	<b>m. Other ID No.</b>

<input type="checkbox"/> Abnormal head carriage <input type="checkbox"/> Aggressive or belligerent <input type="checkbox"/> Apprehensive or nervous <input type="checkbox"/> Ataxia (abnormal gait, uncoordinated) <input type="checkbox"/> Blindness <input type="checkbox"/> Circling <input type="checkbox"/> Droopy lip or eyelid <input type="checkbox"/> Excessive bellowing <input type="checkbox"/> Excessive licking <input type="checkbox"/> Excitable	<input type="checkbox"/> Head pressing/rubbing <input type="checkbox"/> Head shyness <input type="checkbox"/> Hyperesthesia (sensitivity to light or sounds, shifting ears) <input type="checkbox"/> Hesitation at doors, gates, or barriers <input type="checkbox"/> Kicking while milking (when did not before) <input type="checkbox"/> Paralysis <input type="checkbox"/> Tremors or nystagmus (includes eye movements, head tremors)	<b>Signs marked at left:</b> <input type="checkbox"/> Worsened over time <input type="checkbox"/> Did not worsen <input type="checkbox"/> Don't know  <b>The animal:</b> <input type="checkbox"/> Responded to treatment <input type="checkbox"/> Did not respond <input type="checkbox"/> Don't know	<b>Other signs observed:</b> <input type="checkbox"/> Depressed <input type="checkbox"/> Dead of unknown cause <input type="checkbox"/> Loss of weight over time <input type="checkbox"/> Recumbency (nonambulatory/down) <input type="checkbox"/> Reduced milk yield over time <input type="checkbox"/> Other (note in Block 10)
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- |                                                             |     |                                            |     |                                                |     |                                        |     |
|-------------------------------------------------------------|-----|--------------------------------------------|-----|------------------------------------------------|-----|----------------------------------------|-----|
| <input type="checkbox"/> Degen and Dropsic                  | 099 | <input type="checkbox"/> Misc. inflamm dz. | 299 | <input type="checkbox"/> Injuries              | 605 | <input type="checkbox"/> Tetanus       | 105 |
| <input type="checkbox"/> Actinomycosis and Actinobacillosis | 101 | <input type="checkbox"/> Epithelioma       | 302 | <input type="checkbox"/> Pigment conditions    | 607 | <input type="checkbox"/> Vesicular dz. | 110 |
| <input type="checkbox"/> Misc. Infectious dz.               | 199 | <input type="checkbox"/> Malig lymphoma    | 303 | <input type="checkbox"/> Myiasis               | 402 | <input type="checkbox"/> CNS disorders | 601 |
| <input type="checkbox"/> Arthritis                          | 201 | <input type="checkbox"/> Misc. neoplasms   | 399 | <input type="checkbox"/> General misc.         | 699 | <input type="checkbox"/> Dead          | 603 |
| <input type="checkbox"/> Mastitis                           | 203 | <input type="checkbox"/> Abscess/pyemia    | 501 | <input type="checkbox"/> Residue               | 609 | <input type="checkbox"/> Moribund      | 606 |
| <input type="checkbox"/> Metritis                           | 204 | <input type="checkbox"/> Septicemia        | 502 | <input type="checkbox"/> Other reportable dz.  | 900 | <input type="checkbox"/> Pyrexia       | 608 |
| <input type="checkbox"/> Pericarditis                       | 206 | <input type="checkbox"/> Toxemia           | 503 | <input type="checkbox"/> Misc. parasitic cond. | 499 | <input type="checkbox"/> Rabies        | 615 |
| <input type="checkbox"/> Pneumonia                          | 208 | <input type="checkbox"/> Nonambulatory     | 445 |                                                |     |                                        |     |

**10. ADDITIONAL DATA/COMMENTS**