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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.*****

1. PRIMARY REASON FOR SUBMISSION (check the selection with the smallest number that applies)		2. BSE Referral Number (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	
3. INDIVIDUAL DETERMINING PRIMARY REASON (BLOCK 1) AND CLINICAL SIGNS (BLOCK 13) (select one)		4. BSE Sample ID
<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)	

5. OWNER INFORMATION		6. SLAUGHTER SITE OR <input type="checkbox"/> if same as Collection Site on VS 17-146 (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	

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

<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)		Signs marked at left: <input type="checkbox"/> Worsened over time <input type="checkbox"/> Did not worsen <input type="checkbox"/> Don't know The animal: <input type="checkbox"/> Responded to treatment <input type="checkbox"/> Did not respond <input type="checkbox"/> Don't know		Other signs observed: <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)	
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<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"/> Actinomyces 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"/> Malign 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