

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

**SCRAPIE SFCP FLOCK INSPECTION REPORT  
Annual Inspection Report for Scrapie Free Flock Certification Program  
Export Category Flocks**

Flock ID	Owner Name, Address, and Email Address	Flock Location(s) if Different	
Premises ID			
Telephone			
Inspector		Inspector ID	Inspector Initials
Inspection Date	County	Latitude	Longitude

Flock Inspection for (check one):  Export Monitored Flock  Export Certified Flock

Type of Operation (check all that apply and circle primary activity)

- Breeder (seed stock)
- Commercial (breeder)
- Club Lamb/Kid
- Dairy
- 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)		
<b>TOTAL</b>		

**INSPECTION CHECKLIST**

*If "No" for any item, explain in comments.*

Yes	No	
<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"/>	Animal inventory reconciled with previous year's inventory and any discrepancies were resolved.
<input type="checkbox"/>	<input type="checkbox"/>	Reviewed requirement and procedure for reporting of scrapie suspect animals and animals found dead, and submission of samples.
<b>Written or computer records match the inventory made during the inspection and records track the following information:</b>		
<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 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.
<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 was provided with the required records.
<b>Flock owner reported or the inspector noted the following activities since last inspection (If "Yes" for any item, explain in comments.):</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Commingle 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.

**Attach Copy of Flock Inventory**

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

Flock Owner Signature	Date								
AVIC Signature	<table border="1"> <tr> <td>Flock Meets Program Standards</td> <td>Date</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Eligible for Advancement</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table>	Flock Meets Program Standards	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for Advancement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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