OMB APPROVED
0579-0101
EXP DATE XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

FLOCK INSPECTION AND EPIDEMIOLOGY REPORT

1. SFCP PARTICIPANT ☐ Yes ☐ No ☐ Applicant

2. INSPECTION DATE

3. OWNER NAME/CONTACT, ADDRESS AND TELEPHONE NO. *(Include Zip Code)*

Telephone Number ( )

4. FLOCK LOCATION *(If different from Item 3.)*

GPS NO.

5. INSPECTOR'S/VMO'S NAME	6. INSPECTOR'S ID	7. FLOCK ID	8. FLOCK COUNTY

9. FLOCK TOWNSHIP	10. RANGE	11. SECTION	12. LATITUDE	13. LONGITUDE

14. REASON FOR INSPECTION *(Please check all that apply)*

☐ Routine ☐ High Risk Animals ☐ Exposed Animals ☐ Clinically Suspicious ☐ Other *(Please Specify)* _____

15. FLOCK STATUS *(Please check all that apply)*

☐ Certified ☐ Enrolled ☐ Select ☐ Source ☐ Exposed ☐ Plan ☐ P Plan ☐ Invest ☐ Infected ☐ Other *(Please Specify)* _____

16. FLOCK TYPE *(Please check one box)*

☐ Purebred ☐ Commercial Breeder ☐ Feeder ☐ Other *(Please Specify)* _____

17. FLOCK INVENTORY

Males > 1 Yr. _____ Males < 1 Yr. _____ Castrated Males < 1 Yr. _____ Total _____

Females > 1 Yr. _____ Females < 1 Yr. _____ Other *(Please Specify)* _____

18. VETERINARY PRACTITIONER'S NAME	19. PRACTITIONER'S ID	20. SPECIES ☐ Ovine ☐ Caprine	21. PREDOMINANT BREED(S)

22. FLOCK HISTORY AND REMARKS *(Attach additional sheets, if needed.)*

23. FLOCK IDENTIFIED THROUGH ANIMAL MOVEMENT *(List name, location, reason, and known dates for each. Attach additional sheets, if needed. For each positive and exposed animal which has moved from the flock, complete and attach VS Form 5-20.)*

	Name	Address	City	State	Zip Code	Reason *(Circle One)*	Date
A.						Origin of Positive Disposition, High Risk Disposition, Exposed	
B.						Origin of Positive Disposition, High Risk Disposition, Exposed	
C.						Origin of Positive Disposition, High Risk Disposition, Exposed	
D.						Origin of Positive Disposition, High Risk Disposition, Exposed	
E.						Origin of Positive Disposition, High Risk Disposition, Exposed	

24. FLOCK OWNER'S SIGNATURE

27. INSPECTOR'S/VMO' S SIGNATURE

25. HAVE YOUR EWES HAD DIRECT CONTACT *(fence to fence or direct mixing)* WITH NO PROGRAM SHEEP OR SHEEP WITH A LATER STATUS DATE SINCE LAST INSPECTION (SEE REMARKS) ☐ Yes ☐ No ☐ N/A

STATUS DATE OF EWES ONLY (if checked yes)

26. HAVE ANY OF YOUR SHEEP BEEN ON PREMISES OR PASTURES NOT LISTED ON PREVIOUS REPORTS ☐ Yes ☐ No ☐ N/A

28. CONDITION OF ANIMALS
☐ All Clinically Normal
☐ Clinically Suspicious Animals Seen

29. HAVE RAMS OF LOWER PROGRAM STATUS BEEN INTRODUCED INTO THE FLOCK ☐ YES ☐ NO ☐ N/A

STATUS DATE OF RAMS ONLY (if checked yes)

30. SFCP STANDARDS
☐ Meeting Standards
☐ Not Meeting Standards *(explain in #22)*
☐ Not Applicable

(Previous editions are obsolete.)