

## UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES SCRAPIE EPIDEMIOLOGY REPORT

Flock ID	Owner's Name and Address	Flock Location, if Different		
Telephone				
Inspector's Name		Inspector's ID	County	
Inspection Date	Quarantine Number	Latitude	Longitude	
Type of Flock <input type="checkbox"/> Purebred <input type="checkbox"/> Commercial Breeder <input type="checkbox"/> Club Lamb Producer <input type="checkbox"/> Feeder <input type="checkbox"/> Other _____		SHEEP	INVENTORY	GOATS
Veterinary Practitioner's Name		_____	Adult Males	_____
Predominant Breed		_____	Adult Females	_____
		_____	Yearling Males	_____
		_____	Yearling Females	_____
		_____	Female Lambs/Kids	_____
		_____	Male Lambs/Kids	_____
		_____	Castrated Males	_____
		_____	Total	_____

1. Number of sheep or goats currently in the flock with clinical signs suggestive of scrapie: \_\_\_\_\_
2. Clinical signs suggestive of scrapie observed by the producer or inspector (including index case)
 

<input type="checkbox"/> No clinical Signs of Scrapie	<input type="checkbox"/> Excitable
<input type="checkbox"/> Incoordination	<input type="checkbox"/> Abortions
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Itching/Rubbing	<input type="checkbox"/> Skin Abrasions from Rubbing
<input type="checkbox"/> Involuntary Muscle Tremors	<input type="checkbox"/> Nibbling and Licking Movements
3. What is the approximate date when the first clinical signs suggestive of scrapie were seen: \_\_\_\_\_
4. Total number of sheep or goats that have shown clinical signs suggestive of scrapie in the past 5 years: \_\_\_\_\_
5. Number of adult deaths from all causes over the last year: \_\_\_\_\_
6. Total number of sheep or goats that have shown clinical signs suggestive of scrapie in the past 5 years: \_\_\_\_\_
7. Percentage of Rams Genotyped: \_\_\_\_\_
8. Percentage of Ewes Genotyped: \_\_\_\_\_
9. Written or computer records kept
 

YES NO Identification
YES NO Sex
YES NO Breed
YES NO Date of Birth
YES NO Animal Sire and Dam information
YES NO Sales Information - ID, buyer, date purchased
10. Description of lambing facilities: \_\_\_\_\_
11. How often is the lambing area cleaned and disinfected: \_\_\_\_\_
12. Are separate contemporary lambing groups used: YES NO
13. Method of disposal of placentas: \_\_\_\_\_
14. Method of disposal of dead sheep: \_\_\_\_\_

15. Complete the following information on each laboratory confirmed case and clinically suspicious case currently in the flock. Complete as much information as possible on any clinically suspicious cases in the flock over the last 5 years.

ID	SEX	BREED	BIRTH DATE	DATE OF CLINICAL SIGNS	LAB CONFIRMED YES NO
SOURCE PURCHASED BORN ON FARM	PURCHASE DATE	SELLER'S NAME AND ADDRESS		DESCRIBE DOCUMENTATION OF PURCHASE	

COMMENTS ON HISTORY

ID	YEAR BORN	If lab confirmed Scrapie case - list the status of all offspring STATUS	ID	YEAR BORN	STATUS

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9. Conclusions on source of infection and general plan of action.

Investigator's Name	Title	Date
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