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*)

- ☐ 1. Highly suspicious for BSE
- ☐ 2. FSIS, antemortem condemned cattle
- ☐ 3. Rabies suspect
- ☐ 4. CNS signs
- ☐ 5. Nonambulatory/Disabled/Downer
- ☐ 6. Other clinical signs that may be associated with BSE as noted below
- ☐ 7. Dead

2. BSE Referral Number
(*must agree with # on VS 17-146*)

3. INDIVIDUAL DETERMINING PRIMARY REASON (*BLOCK 1*) AND CLINICAL SIGNS (*BLOCK 13*) (*select one*)

- ☐ 1. Veterinarian employed by APHIS
- ☐ 2. Veterinarian employed by FSIS
- ☐ 3. Other Veterinarian
- ☐ 4. Other APHIS personnel
- ☐ 5. Renderer/deadstock hauler/3D-4D
- ☐ 6. Producer/owner
- ☐ 7. Other (*describe in Block 10*)

4. BSE Sample ID

Please use barcode, if available

5. OWNER INFORMATION

Name (*including Business Name*)

Street

City   State   ZIP Code

Country (*if not USA*)   Premises ID or Lat/Long

Phone   Fax

County   Email

6. SLAUGHTER SITE OR √ ☐ if same as Collection Site on VS 17-146
(*complete only if slaughtered at State or FSIS-inspected facility*)

Premises ID or FSIS Plant Number

Name (*including Business Name*)

Street

City   State   ZIP Code

Phone   Fax

Email

7. ANIMAL INFORMATION

a. Animal Breed (*if known*)

If breed not known:
☐ Beef Breed   Primary Colors:
☐ Dairy Breed

b. Age_____
☐ Months
☐ Years

Age is:
☐ Estimated
☐ Recorded

Dentition: 2nd Set of Incisors Erupted
☐ Yes
☐ No

c. Gender
☐ Female
☐ Male
☐ Unknown

d. Neutered
☐ Yes
☐ No
☐ Unknown

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.

8. CLINICAL SIGNS (se*lect all that apply*)

- ☐ Abnormal head carriage
- ☐ Aggressive or belligerent
- ☐ Apprehensive or nervous
- ☐ Ataxia (*abnormal gait, uncoordinated*)
- ☐ Blindness
- ☐ Circling
- ☐ Droopy lip or eyelid
- ☐ Excessive bellowing
- ☐ Excessive licking
- ☐ Excitable

- ☐ Head pressing/rubbing
- ☐ Head shyness
- ☐ Hyperesthesia (*sensitivity to light or sounds, shifting ears*)
- ☐ Hesitation at doors, gates, or barriers
- ☐ Kicking while milking (*when did not before*)
- ☐ Paralysis
- ☐ Tremors or nystagmus (*includes eye movements, head tremors*)

→ Signs marked at left:
☐ Worsened over time
☐ Did not worsen
☐ Don't know

The animal:
→ ☐ Responded to treatment
☐ Did not respond
☐ Don't know

Other signs observed:
☐ Depressed
☐ Dead of unknown cause
☐ Loss of weight over time
☐ Recumbency (*nonambulatory/down*)
☐ Reduced milk yield over time
☐ Other (*note in Block 10*)

9. FSIS CONDEMNATION CODES (*select one – ONLY if FSIS has made one of these designations*)

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

10. ADDITIONAL DATA/COMMENTS

VS 17-131
FEB 2014

VS FORM 17-131 INSTRUCTIONS

This is a companion form to VS Form 17-146 (BSE Surveillance Submission Form) and should always be accompanied by VS 17-146. Complete this form for each animal listed on VS 17-146.

1. PRIMARY REASON FOR SUBMISSION

Use professional judgment to select the one reason that best describes why this sample is being taken. If more than one reason applies, check the reason with the **smallest** associated number.

- Highly suspicious for BSE: animal being sampled demonstrates clinical signs of, or has a clinical history consistent with, the definition of "highly suspicious for BSE" as described in VS Memo 580.16.

- FSIS, antemortem condemned cattle: animals condemned by FSIS personnel prior to slaughter and sampled at the slaughter plant or at an offsite collection facility. (Note: If selected, an FSIS Condemnation Code must also be selected in Block 9.)

- Rabies suspect: animals initially identified for rabies testing because of clinical signs or clinical history, as described in VS Memo 580.16.

- CNS signs: animal has central nervous system (CNS) signs consistent with primary CNS disease, but does not meet all the criteria for classification as Highly Suspicious for BSE.

- Nonambulatory/Disabled/Downer: animal sampled primarily because it is nonambulatory, periodically or continuously.

- Other clinical signs that may be associated with BSE: animal demonstrates clinical signs that may be consistent with BSE, such as emaciation, tetanus (tetany), or injuries.

- Dead: available history only indicates that the animal is dead, with none of the preceding conditions described above

2. BSE REFERRAL NUMBER

This number must correspond to the number listed on the related VS Form 17-146. See instructions for VS 17-146 for details on preferred numbering format.

3. INDIVIDUAL DETERMINING REASON/SIGNS

Check the box that best describes the individual who determined the primary reason for this submission and the clinical signs for the animal identified on this form. If "Other" is selected, describe in Block 10.

4. BSE SAMPLE ID

Add the Sample ID barcode for which the animal information on this form applies. See instructions for VS 17-146 for details on barcode availability and distribution.

5. OWNER INFORMATION

Enter known information for the premises on which the sampled animal was **last held or resided**. At a minimum, provide the State or county.

6. SLAUGHTER SITE

This block pertains ONLY to animals slaughtered at a State- or FSIS-inspected facility. Mark the box if the slaughter site is the same as the collection site described in Block 3 of the accompanying VS Form 17-146. Otherwise, enter all requested information about the slaughter site.

7. ANIMAL INFORMATION

- Breed: Enter apparent breed of animal. If unknown, check whether beef or dairy breed and include animal's primary colors.

- Age: Enter the animal's age as the number of months or the number of years (whole numbers only). If purebred records or other official sources are used to calculate the animal's age, check the "Recorded" box. Otherwise, check the "Estimated" box.

- Dentition: Examine the animal's mouth and check "Yes" if at least one of the second incisors has erupted.

- Gender and Neuter Status: Check the appropriate box.

- Country of Origin: If it is known that the animal originated from a country other than the United States, write the name of the country in the space provided.

- Animal ID: In the appropriate boxes, enter ALL types of animal identification devices, brands, and tattoos associated with the sampled animal.

  - Record all letters in upper case (capitalize).

  - Substitute an underscore (_), without additional spaces, for each unreadable character in the identification.

  - Official USDA tags (e.g., USDA bright metal eartag, brucellosis vaccination eartag, Animal Identification Number (AIN) eartag, bangle eartag). If an animal has more than one official USDA identification, enter additional identifications in Block 10.

  - Nonofficial tags: Indicate the color of the tag, according to the key below, followed by whatever is written on the tags. For multi-colored tags, include all colors.
    Y=yellow   R=red   G=green   W=white
    B=blue   O=orange   P=pink   T=tan/brown
    S=silver   K=black   A=gray
    L=lavender/purple

  - Brands (hot iron or freeze): Describe to the best of your ability. Include the location of the brand on the animal.

  - Tattoos: Indicate which ear (R=right, L=left) or other location and include all characters.

8. CLINICAL SIGNS

Check all signs that apply. <u>At least one sign must be checked.</u> Be thorough and complete. Obtain information directly from animal handlers/owners whenever possible. Use professional judgment and ensure that contradictory signs are not checked. Indicate whether the signs were progressive (worsened over time) and whether they were responsive to treatment. Clinical signs are important to determine the significance of each sample in the surveillance program.

9. FSIS CONDEMNATION CODES

Complete this section ONLY if "FSIS, antemortem condemned cattle" was selected in Block 1. Select only one condemnation code.

10. ADDITIONAL DATA/COMMENTS

Use this block if there is insufficient space in other blocks or to add any relevant information.