

OWNER INFORMATION AND SURVEY

Farm Code: _____

(Use 3 Letters and two single digit numbers to create a unique farm code, ex., A B C 1 2)

Check box if Consent form has been signed by owner. This form may be sent with the samples or sent separately to the USDA Laboratory or to the State Veterinarian. Samples cannot be analyzed without the consent form signed and submitted.

Contact Information of the veterinarian/sample collector:

(State Veterinarian may be listed in this section if you like)

Name: _____

Address: _____

Email: _____

Phone: _____

Region: _____ *South-central* \ _____ *Kenai Peninsula Aleutian Isl* \ _____ *Interior* \ _____ *South-east*

Number of: sheep _____ goats _____ sampled

Number of: sheep _____ goats _____ on premises

Any current or recent (within last year) illnesses on the premises? Yes/no

If yes, please describe:

Any historic signs of “pinkeye” or respiratory illness in any of the sheep/goats sampled? Yes/no

If yes, please describe:

Any recent (within the last month) use of antibiotics in any of the sheep/goats sampled? Yes/no

If yes, please describe:

Do your sheep/goats travel to fairs or other events around the state where they are in contact with other sheep/goats?

Any other information that you would like to provide?

ANIMAL IDENTIFICATION FORM

