



SD ANIMAL INDUSTRY BOARD

411 South Fort Street
 Pierre, South Dakota 57501-4503
 Phone: (605) 773-3321
 Fax: (605) 773-5459

Date _____

SUBJECT: ELK/DEER HERD DEMOGRAPHICS and RISK ASSESSMENT

1. How long has this herd been established? _____
2. What are the sources of your herd animals? (Farm name, owner's name, address, town, state, telephone)

3. When was the last addition to your herd other than natural additions?
 - a) Month: _____
 - b) Day: _____
 - c) Year: _____

List all additions other than natural for the past five years:

DATE	NAME	ADDRESS	PHONE	HERD VETERINARIAN	# OF ANIMALS	AGE AT ACQUISITION	SEX

4. What species of captive nondomestic animals are on your premises?

5. Current number of animals in your herd listed by species?
 - a) Species: _____
 - b) No. Adult Females: _____
 - c) No. Adult Males: _____
 - d) No. Young (less than a year old): _____

6. If the herd of origin is a “closed herd”, how long has it been “closed”? _____

7. Where have you sold animals in the past five years?

DATE	# OF HEAD	AGE	SEX	TOWN	STATE/ PROVINCE	PURPOSE

8. Does your state/province have mandatory inventory reporting?

a) If yes, how long has it been in place?

b) If yes, is it VERIFIED AND RECONCILED annually?

1) If yes, by whom?

2) Title.

3) Address.

4) Phone number.

9. Do you report deaths immediately to the State Veterinarian? YES OR NO

If NO, when is death reporting to the State Veterinarian’s office done?

10. List the last three dates and State/Federal agent’s name, address, city, state when an on-site herd inventory inspection was conducted for your premises.

11. At the above conducted inspection was the herd inventory validated accurate? YES OR NO

If NO, how many animals were involved in the discrepancy between farm records and “State office” records?

12. Does your state/province have a mandatory surveillance for Chronic Wasting Disease (CWD)?

If YES, how long has it been in place?

13. Has CWD of Cervids ever been reported in the state/province in captive cervids?

14. Have any animals in the herd over 16 months of age died from any cause (slaughter, hunting, illness, accident, or injury) during the past 5 years? YES OR NO

If YES, complete the following:

DATE OF DEATH	ANIMAL ID	ANIMAL AGE	ANIMAL SEX	LAB AND REPORT NUMBER	CAUSE OF DEATH □□□□□□□□	CWD EXAMINED? AND RESULT

15. Who is the current herd veterinarian?

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

16. Are the current veterinarian(s) the only veterinarian(s) that have provided service for this herd? YES OR NO
 If no, list past herd veterinarian(s) that have provided service for his herd.

- a) Name.
- b) Current address.
- c) Phone.

17. Has there been any loaning, leasing to and from this farm, or boarding of animals on this farm for the past 5 years? Describe

18. Have there been any diseases diagnosed in the herd in the last 5 years? If yes, what are they? Explain (diarrhea, respiratory illness, worms, lice, etc.)

19. Have these animals, or any of the sources of these animals, ever been under quarantine for any reason? YES OR NO, If YES describe and explain:

- a) Disease.
- b) When.
- c) Where.
- d) Why.
- e) Quarantine length.

- f) Quarantine release date.
 - g) Post-assurance test date.
20. Have any animals been diagnosed with CWD that originated or were once a member of this herd? YES OR NO
21. Are any animals in this herd from a herd where CWD has been diagnosed? YES OR NO
22. Have any animals sold or in any way removed from your herd ever been subsequently included in a CWD infected herd? YES OR NO
23. Have there ever been any animals in your herd that have been in herds that also input animals into a herd where CWD has been diagnosed? YES OR NO? Explain
24. Do any animals in this herd exhibit any clinical signs such as emaciation, depression, excessive salivation or thirst, or neurological disease?
25. Have ANY respiratory disease symptoms been reported in this herd in the past five years?
YES OR NO
- a) If yes, how many cases have been examined and treated?
 - b) What percent respond to one treatment of antibiotics?
26. Who is the State Animal Disease Regulatory/Canadian Food Inspection Agency person in charge of cervidae regulation compliance for your area?
- a) Name.
 - b) Address.
 - c) Phone.
27. Have all eligible age animals been sampled for CWD for the past 5 years? YES OR NO
28. Is there a CWD lab report for each death stating there was an obex for each laboratory submission for the past 5 years? YES OR NO

VETERINARIAN:

Signature _____

Printed Name _____

Address _____

City/St/Prov _____

Telephone _____

OWNER:

Signature _____

Printed Name _____

Farm Name _____

Farm Address _____

City/St/Prov _____

Owner Telephone(s) (H) _____

(C) _____

(W) _____

CFIA Validation Statement – Canadian Origin Animals Only

This elk herd has never had any epidemiological tracing to any CWD exposed or CWD infected herd in North America.

Chief Veterinarian, _____ Region, CFIA

Phone _____

Date

Send completed questionnaire to:

South Dakota Animal Industry Board
411 South Fort Street
Pierre, SD 57501 USA