Western Cape Government
Agriculture

OSTRICH CENSUS & SAMPLING INFORMATION

OS_Samp_Census_1.4_Mar2021

ADMIN INFORMATION

*FARM REGISTRATION NUMBER OS/08/ AI #

FARM NAME

SURNAME

NAME

INITIALS

POSTAL ADDRESS

TELEPHONE

FAX

CELL

DATE OF CENSUS / /

CENSUS & SAMPLING

	0-6 WEEKS	7 WKS - 5 MNTHS	SLAUGHTER AGE	BREEDERS	TOTAL
OSTRICH TOTALS					
AI SERUM					
AI CLOACAL SWABS					
AI TRACHEAL SWABS					
NCD SWABS					
NCD SERUM					
SERUM RESIDUE					
FOOD RESIDUE					

REASON FOR SAMPLING

- ☐ SLAUGHTER
- ☐ 6 MONTH SURVEY
- ☐ NCD TEST
- ☐ OUTBREAK RESPONSE ***(Note: if Outbreak Response is ticked, indicate reason in OTHER below)***
- ☐ OTHER

- ☐ PRE MOVEMENT
- ☐ 28 DAY / POST MOVEMENT

FARMER/MANAGER SIGNATURE

As Farm Owner/Manager I certify that the census figures above are accurate and I understand that these figures may be used for disease control purposes, planning and compensation

AHT NAME SIGNATURE

COMMENTS

PLEASE EXPLAIN DEFINITION OF THE EPIDEMIOLOGICAL GROUPS SAMPLED:

- ☐ One Epi Group
- ☐ Two Age Groups
- ☐ ___ x Group(s) ≥500m apart
- ☐ ___ x Group(s) Post Movement Camp
- ☐ Other (Specify):

PLEASE INDICATE SAMPLE NUMBER & CAMP NUMBER:

Sample		-			-			-			-			-			-			-			-	
Camp																						
Sample		-			-			-			-			-			-			-			-	
Camp																						

PLEASE RECORD DETAILS OF ANY CLINICAL SIGNS:

If any suspicious AI clinical signs are noted on the farm also take TRACHEAL SWABS from THE AFFECTED groups