



# OSTRICH CENSUS & SAMPLING INFORMATION

OS\_Samp\_Census\_1.4\_Mar2021

## ADMIN INFORMATION

<b>*FARM REGISTRATION NUMBER</b>	<b>OS/08/</b>																<b>AI #</b>																
<b>FARM NAME</b>																																	
<b>SURNAME</b>																																	
<b>NAME</b>																																	
<b>INITIALS</b>																																	
<b>TELEPHONE</b>																<b>POSTAL ADDRESS</b>																	
<b>FAX</b>																																	
<b>CELL</b>																																	
<b>DATE OF CENSUS</b>			/			/																											

## CENSUS & SAMPLING

	0-6 WEEKS	7 WKS - 5 MNTHS	SLAUGHTER AGE	BREEDERS	TOTAL
<b>OSTRICH TOTALS</b>					
<b>AI SERUM</b>					

## REASON FOR SAMPLING

<input type="checkbox"/>	SLAUGHTER
<input type="checkbox"/>	PRE MOVEMENT
<input type="checkbox"/>	28 DAY / POST MOVEMENT
<input type="checkbox"/>	OTHER <input type="text"/>

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     
  \_\_\_ x Group(s) ≥500m apart     
  Other (Specify): \_\_\_\_\_

Two Age Groups     
  \_\_\_ x Group(s) Post Movement Camp     
 \_\_\_\_\_

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