

CAPS Questionnaire

Fields marked with an * are COMPULSORY

CAPS_1.7_Apr2021



*FARM INFORMATION

CAPS Ref No (if farm exists on VetEpi CAPS)

Office Farm # (optional)

If you have a ref number from a previous visit only fill in fields that may have changed and the FarmID linked to that farm

*Chicken Farm

*Comm/Non-comm?

*DECIMAL DEGREES EAST (eg 18.45678)

*Pig Farm

*Comm/Non-comm?

*DECIMAL DEGREES SOUTH (eg -34.45268)

*STATE VET

*LOCAL MUNICIPALITY

*MAGISTERIAL DISTRICT

*FARM NAME

COMPANY NAME

*INITIALS

*SURNAME

*PO Box

Tel number

*Town

Email

*Postal Code

Street Address

*VISIT INFORMATION

Follow up visits as a result of disease suspicion do not need this form filled in again - only the lab submission forms need to be submitted to the EPISECTION.

*VISIT DATE

*Have you captured the census from this visit on SHAREPOINT? (Y/N)

HISTORICAL Yes or No: Has the farmer experienced any significant clinical disease on the property over the past 6 months?

If yes, when?

Give a brief description of the event

CURRENT Yes or No: Do you as the official notice any clinical disease on the farm that could be as a result of an infectious disease?

Give a brief description of the event

Have you informed your State Vet? (Y/N)

Sample event during this visit (Y/N)?

Reason? (eg AI Survey, Clinical event)

*AI BLOOD SAMPLES (Y/N)

*AHT NAME AND SIGNATURE (please sign)