



First Name _____ Last Name _____

Veterinarian's Name _____

Date of Visit _____ Producer OSHP # _____

FLOCK HEALTH SUMMARY REPORT

One copy of the Flock Health Summary Report form is to be retained by the owner, one to be retained by the veterinary evaluator, and one to be kept at the office of the Ontario Sheep Marketing Agency as evidence of evaluation. All information is strictly confidential. **This report cannot be used as advertising of health status without the signed consent of the veterinary evaluator (see below).**

Health Management assessment completed

Health Status of Flock (✓ appropriate boxes):

- Canadian Food Safe Farm Practices - enrolled
- Certified Organic
- Maedi Visna Flock Status Program: _____ Level _____
- Scrapie Certification Program: _____ Pathway _____ Level _____

Flock Veterinarian: Indicate the risk level for the following diseases or conditions:

DISEASE / CONDITION	LOW	MOD-ERATE	HIGH	DISEASE / CONDITION	LOW	MOD-ERATE	HIGH
LAMBING TIME DISEASES				PARASITIC DISEASES			
Pregnancy toxaemia				Internal parasites			
Infectious abortion				External parasites			
Vaginal prolapse				Coccidiosis			
LAMB REARING DISEASES				PASTURE-BASED DISEASES			
Hypothermia / Starvation				Predator losses			
Diarrhea				Contagious ovine footrot			
Pneumonia				DISEASES ASSOCIATED WITH CHRONIC WASTING			
Urolithiasis				Caseous lymphadenitis			
Soremouth (orf)				Maedi visna (OPP)			
Mastitis of ewes				Johne's Disease			
NUTRITIONAL DISEASES				Scrapie			
Vitamin E / selenium def.				LOW RISK = no disease present / control measures excellent MODERATE RISK = disease present in flock / control measures instituted but improvement required. HIGH RISK = disease present and not controlled			
Copper toxicity							
Pulpy Kidney							

Specific recommendations for improvement of health status are to be written on the Flock Health Management Assessment Form.

I consent to I do not consent to the use of this document for the purpose of advertising health status of this flock. (Veterinary evaluator checks one)

Signed: _____ Date: _____

Veterinary Evaluator



First Name	Last Name
Veterinarian's Name	
Date of Visit	Producer OSHP #

SUMMARY OF SPECIFIC FLOCK HEALTH RECOMMENDATIONS: (NA if not applicable)

REPRODUCTIVE MANAGEMENT

VACCINATION PROGRAMS

PARASITE CONTROL PROGRAMS

DISEASE TESTING PROGRAMS

LAMBING MANAGEMENT

LAMB DISEASE MANAGEMENT

INFECTIOUS DISEASE CONTROL

NUTRITIONAL RECOMMENDATIONS

HOUSING & HANDLING FACILITIES

PASTURE MANAGEMENT

RECORD KEEPING