



Vet Survey

Trading Name:		
Farm:		
CPH Number:	Postcode:	OS Grid Ref:
ABP Number:		
Veterinary Surgeon:		
Review Date:		

VS1 Are you responsible for this unit?	<input type="checkbox"/> yes	<input type="checkbox"/> no
VS2 Is the unit currently in pig production?	<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> no, closed
VS3 Has the unit owner (or where applicable both the owner of the site and the owner of the pigs) given permission for their details to be included in the survey?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Name of unit:	
	Unit type:	Breeder finisher <input type="checkbox"/>
		7kg weaner producer <input type="checkbox"/>
		30kg weaner producer <input type="checkbox"/>
		Finisher <input type="checkbox"/>
		Wean to finish (7kg–105kg) <input type="checkbox"/>
		Stage 2 grow out unit <input type="checkbox"/>
		Continuous <input type="checkbox"/>
		Batch <input type="checkbox"/>
	Practice:
	Vet:
	Date:

<p>VS4 Please indicate if you are currently using any of the medicines/vaccines listed.</p>		Breeding herd	Growing herd	Both
	Enzootic Pneumonia (Vaccine)			
	PRRS (Vaccine)			
		7-20kg	20-40kg	>40kg
	Tylosin			
	Tiamulin			
	Lincospectin			
	Valnemulin			
	Tylvalosin			
	Aivlosin			
	Doxycycline			
Linocin				
<p>VS5 Please provide the requested information about medication and treatments for:</p> <p>Enzootic Pneumonia (EP)</p>	<p>Status:</p> <p>Tested negative <input type="checkbox"/></p> <p>Supposed negative <input type="checkbox"/></p> <p>Suspected positive <input type="checkbox"/></p> <p>Positive <input type="checkbox"/></p>	<p>Assessment guidelines</p> <p>For performance impact please give an indication of the effect of the disease on the pigs on this farm. 1 is low, 5 is high.</p> <p>If you are currently treating this disease with medication please answer yes to the "On medication" question.</p> <p>BPEX can supply diagnostic printouts for each of the four diseases on request. Contact 07973 701369.</p>		
	<p>Evidence:</p> <p>Pathology <input type="checkbox"/></p> <p>Serology <input type="checkbox"/></p> <p>Microbiology <input type="checkbox"/></p> <p>Clinical <input type="checkbox"/></p>			
	<p>Performance impact: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>			
	<p>On medication: <input type="checkbox"/> yes <input type="checkbox"/> no</p>			

<p>VS6 Please provide the requested information about medication and treatments for: PRRS</p>	<p>Status: Tested negative <input type="checkbox"/></p> <p>Supposed negative <input type="checkbox"/></p> <p>Suspected positive <input type="checkbox"/></p> <p>Positive <input type="checkbox"/></p> <p>Evidence: Pathology <input type="checkbox"/></p> <p>Serology <input type="checkbox"/></p> <p>Microbiology <input type="checkbox"/></p> <p>Clinical <input type="checkbox"/></p> <p>Performance impact: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>On medication: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Clarification on the Supposed Negative status for PRRSV</p> <p>Feedback from some practitioners completing the assessment of PRRSV status for pig units suggests that the guidelines do not make it clear that the SUPPOSED NEGATIVE category may be appropriate for units where the breeding pig source is PRRSV vaccinated but, in your veterinary judgement, there is good reason to believe that rearing pigs remain negative for PRRSV.</p> <p>This does not mean that every batch from the breeding unit has to be assessed serologically but there needs to be some grounds (clinical/serology/diagnostic investigations) for considering the unit not to be PRRSV infected and differentiating it from a unit with active PRRSV infection. If a rearing unit is PRRSV vaccinated clearly it cannot be classified as SUPPOSED NEGATIVE and should be POSITIVE even if no disease seen because virus could be actively circulating and the unit represents a potential threat to others.</p>
<p>VS7 Please provide the requested information about medication and treatments for: Swine Dysentery</p>	<p>Status: Tested negative <input type="checkbox"/></p> <p>Supposed negative <input type="checkbox"/></p> <p>Suspected positive <input type="checkbox"/></p> <p>Positive <input type="checkbox"/></p> <p>Evidence: Pathology <input type="checkbox"/></p> <p>Serology <input type="checkbox"/></p> <p>Microbiology <input type="checkbox"/></p> <p>Clinical <input type="checkbox"/></p> <p>Performance impact: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>On medication: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	

