

Veterinarian: \_\_\_\_\_ Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- Did you recently purchase any calves (last few weeks or months)? Yes / No
  - From where/who did you purchase them?
    - Name of person/business: \_\_\_\_\_
    - Phone/Email: \_\_\_\_\_
  - Did you receive a receipt or documentation for the purchase? Yes / No
    - Would you be willing to share a copy? Yes / No
  - Purchase date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - How many were purchased? \_\_\_\_\_
  - What breed(s) such as Holstein, Jersey, etc)?  
\_\_\_\_\_
  - Are they bull or heifer calves? \_\_\_\_\_
  - How old were the calves when you purchased them?  
\_\_\_\_\_ (days/weeks/months)
  - Have any of the calves been ill? Yes / No
    - If so what symptoms?  
\_\_\_\_\_
    - When did the symptoms begin? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
    - Were they given an antibiotic? Yes / No
      - Date(s) \_\_\_\_\_ Name of antibiotic \_\_\_\_\_
      - Route: Oral / IM / IV
    - Were they seen by a veterinarian? Yes / No
      - If yes name of vet/vet practice?  
\_\_\_\_\_
    - Did calves die? Yes / No
    - How many calves died? \_\_\_\_\_
    - Are there any ear tags in the ill/dead calf?  
\_\_\_\_\_ (tag number)

- **If you didn't purchase any calves**, but do have calves/cattle what kind of farming do you do on your farm? (dairy, custom heifer raiser, beef cattle, dairy beef, etc)  
\_\_\_\_\_

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- What breed(s) do you keep  
\_\_\_\_\_
- What age of cattle are on your farm?  
\_\_\_\_\_
- Do you have multiple facilities that manage animals?
  - Preweaned calves, heifers, dry cows, lactating herd, show animals (please circle)
  - Are any animals shipped more than 10 miles for management? Yes / No
  - Are any animals shipped across state lines? Yes / No
  
- Were any of your calves or adult cattle ill? Yes / No
  - If so what symptoms?  
\_\_\_\_\_
  - About when were the animals ill?  
\_\_\_\_\_
  - Which age groups were ill?  
\_\_\_\_\_
  - Were they seen by a veterinarian? Yes / No
    - If yes name of vet/vet practice?  
\_\_\_\_\_
  - Did any die? Yes / No and how many?  
\_\_\_\_\_

Cleaning and Disinfection

- Did you clean and/or sanitize the facility since isolation of the *Salmonella* Heidelberg? Yes / No
  - Which specific areas/pens?  
\_\_\_\_\_
  - Were any disinfectants used?  
\_\_\_\_\_

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Address: \_\_\_\_\_

- Briefly describe your cleaning and disinfection procedure.

- Were any environmental samples submitted for surveillance? Y / N

Where: \_\_\_\_\_

- Are there any plans to resample animals or their pens/environment specifically looking for *Salmonella* Heidelberg? Yes / No

In Wisconsin, please submit this questionnaire to the Wisconsin Veterinary Diagnostic Laboratory at [Salmonella@wvdl.wisc.edu](mailto:Salmonella@wvdl.wisc.edu) or [info@wvdl.wisc.edu](mailto:info@wvdl.wisc.edu) or fax to (847) 574-8085.

Human Infection:

- Has anyone in your household or people who work on or visit the farm, been ill with a diarrheal illness? Yes / No
  - Did the ill person in the home have direct contact with the calves/cattle. Yes / No / NA
    - Describe the contact/interaction: \_\_\_\_\_
  - Did the ill person have contact with the calf pen, barn, yard or other environmental contact? Yes / No
    - Describe the contact/interaction: \_\_\_\_\_
  - Did the ill person consume any raw/unpasteurized milk from your farm? Yes / No
  - Would you be willing to share the name and contact information for the ill person in case someone from their public health department wanted to can contact them? Yes / No
  - Name/Phone: \_\_\_\_\_

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Address: \_\_\_\_\_

If human infections is suspected, please submit this form to your state Department of Health. For Wisconsin, submit to the Wisconsin Division of Public Health at

[DHSDPHEnterics@dhs.wisconsin.gov](mailto:DHSDPHEnterics@dhs.wisconsin.gov)