• Did you recently purchase any calves (last few weeks or months)? Yes / No
  o From where/whom did you purchase them?
    ▪ Name of person/business: __________________________________________
    ▪ Phone/Email: _____________________________________________________
  o Did you receive a receipt or documentation for the purchase? Yes / No
    ▪ Would you be willing to share a copy? Yes / No
  o Purchase date? _____ /_____ / ____
  o How many were purchased? __________________________________________
  o What breed(s)? (such as Holstein, Jersey, etc)
    _________________________________________________________________
  o Are they bull or heifer calves? ______________________________________
  o How old were the calves when you purchased them?
    __________________________ (days/weeks/months)
  o 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)
What breed(s) do you keep
______________________________________________________________________
What age(s) of cattle are on your farm?
______________________________________________________________________
Do you have multiple facilities that manage animals?
  ▪ Pre-weaned 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?
______________________________________________________________________
Veterinarian: _______________________________ Interview Date: ____/_____/______
Interviewee Name: ______________________ Phone: _______________________________
Address: _____________________________________________________________________

Briefly describe your cleaning and disinfection procedure.

Were any environmental samples submitted for surveillance? Yes / No
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 or info@wvdl.wisc.edu or fax to (608) 504-2594.

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 contact them? Yes / No

Name/Phone: ________________________________________________________________

If human infection 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