| Veterinarian | Interview Date:/ |
|--------------|---|
| Interviewee | Name: Phone: |
| Address: | |
| Did ye | ou recently purchase any calves (last few weeks or months)? Yes / No |
| 0 | From where/whom did you purchase them? |
| | Name of person/business: |
| | Phone/Email: |
| 0 | Did you receive a receipt or documentation for the purchase? Yes / No |
| | Would you be willing to share a copy? Yes / No |
| 0 | Purchase date? // |
| 0 | How many were purchased? |
| 0 | What breed(s)? (such as Holstein, Jersey, etc) |
| 0 | Are they bull or heifer calves? |
| 0 | How old were the calves when you purchased them? |
| | (days/weeks/months) |
| 0 | 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)

| Veterinarian: | Interview Date:/ | / | |
|-------------------|------------------|---|--|
| Interviewee Name: | Phone: | | |
| Address: | | | |

- What breed(s) do you keep
- What age(s) of cattle are on your farm?
- o 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: | I | 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 <u>Salmonella@wvdl.wisc.edu</u> or <u>info@wvdl.wisc.edu</u> 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
 - o 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
 - o 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