

Mycoplasma Anecdotal Interview

Please return to karen@bisoncentral.com (all information is kept confidential)

Interviewer:

Contact Information:

Outbreak Information

Location (i.e. Northeast SD, North Central ND):

Contact Information (Confidential to NBA/COE):

Veterinarian Handling Case:

Circle the Following Answers:

- 1. *Mycoplasma*: Confirmed or Suspected**
 - a. If confirmed, what lab were samples sent to?:**
- 2. Field Necropsy Performed: YES or NO**
- 3. Vaccinated for *Mycoplasma*: YES or NO**
 - a. If yes, what vaccine was used?:**
- 4. Did Animals have any other Vaccinations: YES or NO**
 - a. If yes, please note which vaccines were given:**

Herd Information

Affected Age Group: Please note approximate number of animals per age/ sex group

Total Herd Size at Location: _____

<u>AGE GROUP</u>	<u>DECEASED</u>	<u>SHOWING SYMPTOMS</u>
<i>Bull Calves (1-12 months):</i>		
<i>Heifer Calves (1-12 months)</i>		
<i>Young Heifers (12-36 months)</i>		
<i>Young Bulls (12-36 months)</i>		
<i>Young Cows (3-8 yr olds)</i>		
<i>Old Cows (8+ yrs old)</i>		
<i>Mature Bulls (4+ yrs old)</i>		

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Conditions Present:

Please note any conditions that were out of the ordinary when you noticed the outbreak starting to take hold (i.e. weather, dust, location to other livestock)

Closed or Open Herd

Are animals in a closed herd setting or have they been mixed with other animals? If mixed, how many and duration of time from mixing the group to the outbreak?

Action Taken and Results (If any)

Please list any action steps taken and if any positive or negative results were noted.