

Data Sheet

ALIRT Telephone Numbers **1-888-742-5334** or **1-520-621-2356**

This information should be collected and recorded before the arrival of the ALIRT response team

Producer Name: (Last, First)	Phone)	G-11- ()		
	Home: ()	Cell: ()		
Location Name:						
Directions to Location:						
2 rections to Eccusion						
Type of Livestock involved: (check a	all that apply) Numb	Number of Animals involved				
☐ Cows ☐ Bulls	Total no	umber:	Percentage of	of Herd:		
☐ Calves ☐ Stocker						
☐ Other (please specify):						
Symptoms						
What have you seen?		Duration of Symptoms				
☐ Sweating ☐ Loss of App	'	Hours:	Minute	es:		
□ Rolling□ Respiratory□ Salivation□ Elevated Te	Tr - 4 - 1 12	Total livestock dead				
☐ Coughing ☐	Number:	Percent	age of herd:	%		
Other (please specify):	T. 4 11:					
		Total livestock showing symptoms				
	Number:	Percent	age of herd:	%		
Do symptoms vary between livestock type? ☐ Yes ☐ No						
Do symptoms vary between investo	If yes, please explain how:					

Have the symptoms changed over time? If yes, please explain how:	☐ Yes ☐ No			
Herd History (last 30-45 days)				
☐ Herd movement/pasture rotation	Pasture			
Explain:	☐ Fertilization☐ Irrigation			
	Water			
	New water sourceObserved changes in q	uality/annearance		
	Supplementation			
Weather event (frost/rain/lightning)	☐ Type:	☐ Type:		
Explain:	☐ Amount:			
	☐ How fed:			
	Processing			
	☐ Vaccination/Other inje	ections:		
☐ Additions to Herd (when and how many)				
Explain:	☐ Spray/Topical application:			
	☐ Parasite control:			
	☐ Castration/Branding:			
Other				
Any signs/symptoms noticed in other animals	☐ Yes ☐ No			
Any signs/symptoms noticed in wildlife/birds	☐ Yes ☐ No			
Any recent issues/confrontations/threats from	☐ Yes ☐ No			
Any unusual individual or vehicle activity obs	☐ Yes ☐ No			
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If yes to any of the above, please attach explar	nations			







