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

## Contact Information

<table>
<thead>
<tr>
<th>Producer Name: (Last, First)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home: (   )  Cell: (   )</td>
</tr>
</tbody>
</table>

**Location Name:**

**Directions to Location:**

## Type of Livestock involved:

- [ ] Cows
- [ ] Bulls
- [ ] Calves
- [ ] Stocker
- [ ] Other (please specify):

## Number of Animals involved

<table>
<thead>
<tr>
<th>Total number:</th>
<th>Percentage of Herd:</th>
</tr>
</thead>
</table>

## Symptoms

**What have you seen?**

- [ ] Sweating
- [ ] Loss of Appetite
- [ ] Rolling
- [ ] Respiratory Distress
- [ ] Salivation
- [ ] Elevated Temperature
- [ ] Coughing
- [ ] Other (please specify):

**Duration of Symptoms**

<table>
<thead>
<tr>
<th>Days:</th>
<th>Hours:</th>
<th>Minutes:</th>
</tr>
</thead>
</table>

**Total livestock dead**

<table>
<thead>
<tr>
<th>Number:</th>
<th>Percentage of herd:</th>
</tr>
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</table>

**Total livestock showing symptoms**

<table>
<thead>
<tr>
<th>Number:</th>
<th>Percentage of herd:</th>
</tr>
</thead>
</table>

**Do symptoms vary between livestock type?**

- [ ] Yes
- [ ] No

If yes, please explain how:

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**ALIRT Telephone Numbers**

1-888-742-5334 or 1-520-621-2356
### Herd History (last 30-45 days)

- **Herd movement/pasture rotation**
  
  Explain:

- **Weather event (frost/rain/lightning)**
  
  Explain:

- **Additions to Herd (when and how many)**
  
  Explain:

  - **Pasture**
    - Fertilization
    - Irrigation

  - **Water**
    - New water source
    - Observed changes in quality/appearance

  - **Supplementation**
    - Type:
    - Amount:
    - How fed:

  - **Processing**
    - Vaccination/Other injections:
    - Spray/Topical application:
    - Parasite control:
    - Castration/Branding:

### Other

- **Any signs/symptoms noticed in other animals (dogs/cats/horses/poultry)?**
  - Yes  ☐  No  ☐

- **Any signs/symptoms noticed in wildlife/birds?**
  - Yes  ☐  No  ☐

- **Any recent issues/confrontations/threats from neighbors/activist groups?**
  - Yes  ☐  No  ☐

- **Any unusual individual or vehicle activity observed in the area?**
  - Yes  ☐  No  ☐

If yes to any of the above, please attach explanations