

TRUE AND COMPLETE OFFICIAL TRANSLATION TO ENGLISH OF A DOCUMENT WRITTEN IN SPANISH BY THE OFFICIAL TRANSLATOR FOR THE REPUBLIC OF COLOMBIA, NILSEN ARINGHARD.

**SUB-DIRECTORATE FOR ANIMAL PROTECTION AND REGULATION
ZOOSANITARY RISK PREVENTION GROUP
ASSESSMENT OF FACILITIES FOR BOVINE PRODUCTION FOR GENETIC IMPROVEMENT**

1. GENERAL INFORMATION

1.1. Date of Report: _____ 1.2. Country of Origin _____

1.3. Name of farm _____ 1.4. Dept./Province _____

1.5. Municipality _____ 1.6. Quadrant _____

1.7. Proprietor _____ 1.8. Address _____

1.9. Telephone _____

1.10. Technical Assistant. Yes ___ No ___

Type of Relationship: _____

1.11. Exports to other country(s). Yes ___ No ___

Which ones? _____

1.12. Is there an animal identification System in place?

Yes ___ No ___ Describe it: _____

1.13. Altitude above sea level: (meters) _____

1.14. Rain patterns: _____

1.15. Animal management: Pasture _____ Confinement _____ Semi-confined _____

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CURRENT CENSUS

SPECIES	AGE GROUPS	CURRENT CENSUS	AMOUNT TO EXPORT	OBSERVATIONS
BOVINE	Females < 1 yr.			
	Females 1 – 2 yrs.			
	Females 2 – 3 yrs.			
	Females > 3 yrs.			
	Males < 1 yr.			
	Males 1 – 2 yrs.			
	Males 2 – 3 yrs.			
	Males > 3 yrs.			
	TOTAL			

3. RECORDS

3.1 Vaccinated: Yes____ No____ (Attach records for last year)

3.2. Are growth promoters used? Yes ___ No ___

What type? _____ (Attach treatment records for the last year)

3.3. Type of feed for animals: Balanced Feed Yes____ No____

Grass & Fodder Yes____ No____

Mineral Salts: Yes___ No___ Other: Yes____ No___

Which_____

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3.4. Does the balanced feed used contain raw material of animal origin?

Yes ___ No ___ Attach copy of label.

3.5. Records of treatments: Yes ___ No ___ (Attach records for last year)

3.6. Official Service audit records: Yes ___ No ___ How Often ___ (Attach records for last year)

3.7. Records of animals in associations Yes ___ No ___ (Attach records)

3.8. Records of entry for replacement animals: Yes ___ No ___

3.9. These animals come from: Farm ___ Trade Shows ___ Other Country ___

Which ___ Other ___ Which ___

(Attach records for last year)

3.10. List the rate of morbidity and mortality for diseases presented on the premises over the past year _____

3.11. Production System. Natural Breeding _____ Insemination _____
Embryo Transfer _____

3.12. Types of disinfectants used _____

3.13. Treatment for ecto and endoparasites Yes ___ No ___

Type of product _____

How often? _____

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4. FACILITIES AND EQUIPMENT AVAILABLE ATTACH PHOTOGRAPHS

		Yes	No	Condition		
				G	F	P
1	Stables					
2	Scale					
3	Milking Equipment					
4	Isolation Unit					
5	Feeders					
6	Pastures					
7	Warehouses					
8	Slaughter Corridor or Fetters					
9	Storage room for fertilizers, herbicides,					
10	Storage room for Medicines					
11	Corral or Quarantine Unit					
12	Storage room for Feed					
13	Unloading Dock					
14	Peripheral Fencing					
15	Equipment for handling animals					
16	Type & material of buildings					

G: Good F: Fair P: Poor

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5. BIOSECURITY CONDITIONS

Facilities with ease of drainage, cleaning, and disinfecting Yes ___ No ___

Procedures for entry of personnel _____

Describe the handling of excreta _____

Procedures for the entry of vehicles _____

Procedures for the entry of animals _____

Disposal of dead animals: _____

Pest Control (rodents, insects) _____

Disposal of residual water: _____

Filled out by:

Name of Licensed Veterinarian _____

License No. _____

Location: _____

Signature _____

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NILSEN ARINGHARD

Official Translator