

# Non-Adjacent Premise Use

**Date:**

Referring Veterinarian Information	Isolate Origin Information
Company/Clinic: Name: Address 1: Address 2: City, State & Zip Phone and Email:	Company/Owner: Farm Name: Address 1: Address 2: City, State & Zip: Phone and Email:

## List of Non-Adjacent Premises

Company/Owner:  Farm Name:  Address:  City, State & Zip:  Phone Number:	Company/Owner:  Farm Name:  Address:  City, State & Zip:  Phone Number:
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Summary of the epidemiology of the disease situation that links the designated geographic areas with the herd of origin of this isolate:

- |   |   |
|---|---|
| <input type="checkbox"/> Common trucking/transportation     | <input type="checkbox"/> Common animal handling equipment |
| <input type="checkbox"/> Common people/labor handling crews | <input type="checkbox"/> Common geographical proximity    |
| <input type="checkbox"/> Common animal source               | <input type="checkbox"/> Transfer of animals              |
| <input type="checkbox"/> Common veterinarian                | <input type="checkbox"/> Other (explain below)            |

**Further Explanation of Epidemiological Link (please include intended vaccination schedule:**

## List of Additional Non-Adjacent Premises

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number: