

TRICHOMONIASIS NEIGHBOR NOTIFICATION **REPORTING INSTRUCTIONS**

In accordance with LB 423, the adjacent landowners or land managers, with land capable of maintaining livestock susceptible to bovine Trichomoniasis, even if cattle are not currently maintained on such owner's or manager's land, must be notified by the producer/owner of the confirmed diagnosis of Trichomoniasis in that herd.

The owner or manager of the cattle shall submit to the Nebraska Department of Agriculture (Department) this form, or affidavit, attesting to the fact that the notification, required under this subsection, has occurred. This form, or affidavit, shall be submitted to the Department within fourteen days (14) after the diagnosis and shall include the names of adjacent landowners or land managers who were notified and their contact information.

If an owner or manager does not, within such fourteen-day period, submit the form, or affidavit, indicating that adjacent landowners or land managers have been notified, as required under this subsection, the Department shall notify each adjacent landowner or land manager of the diagnosis. The Department shall assess their administrative costs to notify the adjacent landowners or land managers against the owner or manager who failed to comply with this subsection. The Department shall determine the definition of adjacent based on the disease characteristics and modes of transmission. To accommodate the reporting requirements, please complete the three steps below:

1. Fill out the top shaded portion of the form with owner name, address, producer's veterinarian, veterinarian phone number, diagnostic lab utilized, date of Trichomoniasis (Trich) diagnosis, and date the Nebraska Department of Agriculture was notified.
2. Please list the exposed location(s) (may be more than one), type of site (pasture, dry lot, etc.), adjacent land owner(s)/manager(s) name and phone numbers.
3. Sign the document in the shaded area at the bottom of the form and mail it or email it to:

Nebraska Department of Agriculture
245 Fallbrook Blvd., Ste. 200
P.O. Box 94947
Lincoln, NE 68509
agr.webmaster@nebraska.gov

TRICHOMONIASIS NEIGHBOR NOTIFICATION REPORTING FORM

Owner Name _____ Owner Address _____
 Producers' Veterinarian _____ Veterinarian Phone Number _____
 Diagnostic Lab Utilized _____ Date of Trich. Diagnosis _____
 Date Nebraska Department of Agriculture was notified _____

Exposed Location #1: _____ Type of Site (Pasture, Drylot, etc.): _____

Adjacent Land or Cattle Owner/Manager	Phone Number	Address	Date of Notification

Exposed Location #2: _____ Type of Site (Pasture, Drylot, etc.): _____

Adjacent Land or Cattle Owner/Manager	Phone Number	Address	Date of Notification

Exposed Location #3: _____ Type of Site (Pasture, Drylot, etc.): _____

Adjacent Land or Cattle Owner/Manager	Phone Number	Address	Date of Notification

I, _____, owner or manager of the aforementioned confirmed
 Trichomoniasis positive bull(s), verify that the information herein is true and accurate.
 Send Completed form to the Nebraska Department of Agriculture, 245 Fallbrook Blvd., Ste. 200, P.O. Box 94947, Lincoln, NE 68509