

Seoul Virus Rat Assessment Form

Facility ID: _____

Date of interview: _____

Name of Person being Interviewed: _____
Last First MI

Address: _____
Street City/Town County State Zip

Phone number _____ Email address: _____

Reason for owning rats: Pet Owner Rattery Pet Store Other: _____

How long have you owned rats? _____

How many rats do you own? _____

How many ADULT rats (>4 weeks of age) do you own: _____

How many NEWBORN (<48 hours old) rats do you own: _____

How many FROZEN (of any age) rats do you have at home: _____

Where do you keep your rats(live)? (e.g., in a bedroom, in the garage)? _____

What kind of housing do you use for your rats: Wire cage plastic tub glass aquarium w/ lid
 Other (describe): _____

Do you let your rats roam outside their cage/home? Always Sometimes Never

Do you sell or swap your rats? Yes No

IF YES: Do you sell or swap your rats for any of the following (*check all that apply*): pets feeders breeding

Do you breed your rats? Yes No

Do you use your rats to feed to snakes/other animals? Yes No

Have you ever seen WILD rats in your home/facility? Yes No If yes, date: _____

Do you breed your rats with WILD rats at your home/facility? Yes No If yes, date(s): _____

Form was completed by: _____
Name Affiliation phone/email

Facility ID: _____

RAT Seoul Virus Exposure Questionnaire (Please return to: _____)

RODENT SOURCE(S)

Please list all the sources you obtained rats from since **[effective date]**

Name of Supplier	Contact information for supplier	Date obtained	Number of Rodents obtained

CONTACT WITH CONFIRMED FACILITY

Did you obtain any rats from a confirmed Seoul-virus infected facility on or after **[effective date]**? Yes No

IF YES, please provide the following:

Name of Rat/Identifier	Date of Purchase	Name of confirmed facility	Age (adult/newborn)	Animal use (pet/breeding/feeder)	Do you still own this rat? <i>(if no, please explain where this rat went)</i>

Did your rat **obtained from a confirmed Seoul-virus infected facility** co-mingle with rats from outside your facility, such as at a rat party, barn hunt, or other gathering since **[effective date]**? Yes No

If YES, please provide the following:

Name of the owner of outside rats	Date of Contact	Setting (<i>e.g., rat party, barn hunt, co-housing, breeding</i>)	Name of Rat/Identifier that had contact

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RAT Seoul Virus Exposure Questionnaire (Please return to: _____)

Do you have rats obtained from a vendor **OTHER THAN** from a confirmed Seoul-virus infected facility? Yes No

IF YES: Did rats from a confirmed Seoul-virus infected facility co-mingle with your rats obtained from another vendor since **[effective date]**? (co-mingling can include rats that are put together in direct contact for breeding or co-housing, or rats in direct contact with one another for other purpose such as play time) Yes No

Name of Rat/Identifier	Date of co-mingling (if comingling was continuous, list range of dates)	Setting (e.g., rat party, barn hunt, co-housing, breeding)

Since **[effective date]**, have you sold or traded any of your rats? Yes No

If YES, please provide the following:

Name of Rat/Identifier	Is this rat from a confirmed facility?	Date sold/traded	Name and contact information of person receiving rats

Please list everyone who handled (e.g. physical contact with rat and/or bedding) a rat(s) from your premises since **[effective date]**

Name	Contact Information

Form was completed by: _____
Name Affiliation phone/email

Facility ID: _____

