

Elephant Transport Protocol

Timetable for this protocol:

- Coordinator sends this protocol with each recommendation to the zoo
- One month before the transport: Please fill in parts 1 and 2 (as far as possible) and send the protocol by email to the coordinator
- One month before the transport: Coordinator sends the protocol to the veterinary advisors
- At least two weeks before the transport: veterinary advisors agree or disagree to the transport (email to coordinator)
- Two weeks before the transport: coordinator agrees to the transport (email to zoo of origin)

1. Animal:

Date of recommendation: _____.____.____ (DD.MM.YYYY)

Zoo of origin: _____

Destination: _____

Distance in km: _____ km

Species: *Elephas maximus* *Loxodonta africana*

Name: _____

Sex: Male Female

Birthdate: _____.____.____ (DD.MM.YYYY)

Bodyweight: _____ kg est. exact

ZIMS/ARKS-No.: _____

Studbook-No.: _____

In the group since? _____.____.____ (DD.MM.YYYY)

Status in the group (relationship, ranking)

Diseases during the animals live

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Pregnancy

yes

no

date of mating: __.__.____ (DD.MM.YYYY)

2. Tuberculosis:

Locations where the animal has been kept during its entire life including dates of transfers

Date of arrival	Institution	Date of departure

Cases of tuberculosis in elephants (during the last 25 years) or other mammals (during the last 10 years) in these locations?

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Has the animal previously been suspected of tuberculosis or treated for this disease?

yes

no

If yes: date(s), schedule of treatment and drugs

Has there been any known direct or indirect contact with confirmed or suspected TB cases in herd mates or other mammalian species, including humans?

yes no

If yes:

species of animal: _____

type of mycobacteria

M. tuberculosis

M. bovis

M. _____

Description of contact incl. duration:

List of all TB test results performed in the animal and the group during the last 10 years

Elephant	Date	Test	Result

Does the animal show clinical signs that are suggestive for tuberculosis?

no yes if yes, please describe: _____

Recommended TB tests before the transport:

4 months before the transport:

- 1,3,5 trunk wash or 1 tracheal lavage
- interferon Gamma test

Date	Test	Lab	Test	Result

2 months before the transport

- 1,3,5 trunk wash or 1 tracheal lavage

Date	Test	Lab	Test	Result

Additional tests (if advised)

Date	Test	Lab	Test	Result

3. Other examinations

Date	Test	Result

Additional information regarding the transport

Transport Company: _____

Name of driver(s): _____

Plate-No. of vehicle: _____

Description of container: _____

Weather (temperature day and night, sun, clouds, rain, thunderstorm, snow)

Important incidents or events during transport (incl. necessary treatments)

Date	Time	Incident / Event	Remarks