



Companion and Exotic Animal Submission Form

Clinic: _____

Address: _____

Email: _____

Phone: _____

Veterinarian: _____

Submitters Signature: _____

Additional Contacts' Emails: _____

Owner Name: _____

Animal ID: _____ **Species:** _____

Breed: _____ **Color:** _____

Age: _____ **Age Unit (d/w/m/y):** _____

Sex: M MN F FS Unknown

Cremation Required? Yes No (Dispose of body at UCVM)

Specify Cremation Service: _____

Rabies Suspect Other Zoonotic Suspect, Specify: _____ Legal Case[±] Insurance Case[±]

Diagnostic

Surveillance/Monitoring

Export/Sales

Bill To: Clinic

Internal Account (choose from the below)

4th Year Student, please indicate name: _____

UCVM Intern, please indicate name: _____

Research, provide name and account string: _____

Scholarly Activity, please indicate name: _____

Sample Type	Number of Samples Submitted	Received (lab use only)
Blood		
Feces		
Fluid		
Fixed Tissue		
Fresh Tissue		
Serum		
Slide		
Swab		
Urine		
Whole Body		
Other:		

History (including treatments):

Date Sample Collected: _____

Previous related DSU case number(s): _____

Presumptive Diagnosis:

Anatomic Pathology*

Surgical biopsy, site: _____

Tissues from in clinic necropsy

Necropsy – whole body

Necropsy – fetal

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Bacteriology/Mycology

Specimen & site: _____

Routine culture & susceptibility

Clostridium difficile culture

Fungal culture

Other: _____

Cytology

Site(s): _____

Fluid

Smear (FNA, impression)

Blood smear review

Urine, method of collection: _____

Send Out Tests

Other, specify: _____



Anatomic Pathology Additional Information

Number of animals submitted: _____ Date of death: _____

Number of animals at risk: _____ Number of animals sick: _____ Number of animals dead: _____

Vaccinated? Unknown No Yes, please specify: _____

Euthanized? No Yes, specify method/route: _____

Fresh tissues submitted (please list): _____

Fixed tissues submitted (please list): _____

Additional tests requested: _____

Post-mortem findings:



Multiple Animal Additional Information

	Animal ID	Age	Sex	Sample Type	Test(s) Required
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE UCVM AND MAY BE USED FOR EDUCATIONAL PURPOSES.

The submitting veterinarian is responsible for the requested tests, fees associated with the submission, and for all communication with the owner. The submitter acknowledges and agrees that the DSU may share test results and contact information necessary for the purpose of relevant federal and provincial legislation regarding reportable or notifiable diseases and for the purpose of surveillance of animal or public health in Alberta.