



Avian Submission Form

<p>Clinic: _____</p> <p>Address: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Veterinarian: _____</p> <p>Submitters Signature: _____</p> <p>Additional Contacts Email: _____</p>	<p>Owner/Farm Name: _____</p> <p>Location/Premise ID: _____</p> <p>Animal or Barn ID: _____</p> <p>Species: _____ Breed: _____</p> <p>Age: _____ Age Unit (d/w/m/y): _____</p> <p>Sex: <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> Unknown <input type="checkbox"/> Mixed</p> <p><input type="checkbox"/> Broiler <input type="checkbox"/> Broiler breeder <input type="checkbox"/> Egg Layer <input type="checkbox"/> Egg Layer breeder</p> <p><input type="checkbox"/> Backyard/Pet</p> <p><input type="checkbox"/> Commercial Turkey <input type="checkbox"/> Breeder Turkey <input type="checkbox"/> Other bird type</p>
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Rabies Suspect
 Other Zoonotic Suspect, Specify: _____
 Legal Case[±]
 Insurance Case[±]

Diagnostic
 Surveillance/Monitoring
 Export/Sales

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

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: _____

History:

Previous related DSU case number(s): _____

Date Sample Collected: _____

Presumptive Diagnosis: _____

Anatomic Pathology*

Surgical biopsy, site:

Necropsy – field

Necropsy – whole body

*Proceed to page 2

Bacteriology/Mycology

Specimen & site:

Routine culture & susceptibility

Fungal culture

Environmental culture

Other:

Cytology

Site(s):

Fluid

Smear (FNA, impression)

Blood smear review

Serology**

AE

IBD

IBV

NDV

REO

**Fill out age above and vaccination history on page 2

Send Out Tests

Other, specify



Anatomic Pathology Additional Information

Number of animals submitted: _____ Flock Size: _____ Date of death: _____

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

First week mortality: _____ Daily mortality: _____

Vaccinated? Unknown No Yes, please specify: _____

Type of Flock Conventional Antibiotic free

Coccidiosis Program Yes No Unknown

Feed, water source, minerals, supplements:

Recent additions/changes:

Euthanized? No Yes, specify method/route: _____

Fresh tissues submitted (please list):

Post-mortem findings:

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.