



Small Ruminant Submission Form

Clinic: _____ Address: _____ Email: _____ Phone: _____ Veterinarian: _____ Submitters Signature: _____ Additional Contacts Email: _____	Owner/Farm Name: _____ Location/Premise ID: _____ Animal ID: _____ Species: _____ Breed: _____ Fetal Gestational Age: _____ Age: _____ Age Unit (d/w/m/y): _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> Unknown <input type="checkbox"/> Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Wool <input type="checkbox"/> Pet
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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):

Previous related DSU case number(s): _____

Presumptive Diagnosis:

Anatomic Pathology*

Surgical biopsy, site:

 Necropsy – field
 Necropsy – whole body
 Necropsy – fetal

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Bacteriology/Mycology

Specimen & site:

Routine culture & susceptibility
 Fungal culture
 Mastitis culture
 Clostridium fluorescent antibody test
 Other:

Serology

Johne’s Disease
 Small Ruminant Lentiviruses

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: _____

Feed, water source, minerals, supplements: _____

Recent additions/changes: _____

Euthanized? No Yes, specify method/route: _____

Fresh tissues submitted (please list): _____

Fixed tissues submitted (please list): _____

Additional tests requested: _____

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.



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)					

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