



Companion and Exotic Animal 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 Name: _____</p> <p>Animal ID: _____ Species: _____</p> <p>Breed: _____ Color: _____</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</p> <p>Cremation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No (Dispose of body at UCVM)</p> <p>Specify Cremation Service: _____</p>
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Rabies Suspect
 Other Zoonotic Suspect, Specify: _____
 Legal Case[±]
 Insurance Case[±]

<input type="checkbox"/> Diagnostic <input type="checkbox"/> Surveillance/Monitoring <input type="checkbox"/> Export/Sales	<p>Bill To: <input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Internal Account (choose from the below)</p> <p><input type="checkbox"/> 4th Year Student, please indicate name: _____</p> <p><input type="checkbox"/> UCVM Intern, please indicate name: _____</p> <p><input type="checkbox"/> Research, provide name and account string: _____</p> <p><input type="checkbox"/> Scholarly Activity, please indicate name: _____</p>
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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:

<p><u>Anatomic Pathology*</u></p> <p><input type="checkbox"/> Surgical biopsy, site: _____</p> <p><input type="checkbox"/> Necropsy – field</p> <p><input type="checkbox"/> Necropsy – whole body</p> <p><input type="checkbox"/> Permission to run C & S on up to 3 tissues at discretion of the pathologist (\$75 charge)</p> <p style="background-color: yellow;">*Proceed to page 2</p>	<p><u>Bacteriology/Mycology</u></p> <p>Specimen & site: _____</p> <p><input type="checkbox"/> Routine culture & susceptibility</p> <p><input type="checkbox"/> Clostridium difficile culture</p> <p><input type="checkbox"/> Fungal culture</p> <p><input type="checkbox"/> Other: _____</p>	<p><u>Cytology</u></p> <p>Site(s): _____</p> <p><input type="checkbox"/> Fluid</p> <p><input type="checkbox"/> Smear (FNA, impression)</p> <p><input type="checkbox"/> Blood smear review</p> <p><input type="checkbox"/> Urine, method of collection: _____</p>	<p><u>Send Out Tests</u></p> <p><input type="checkbox"/> Other, specify: _____</p>
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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:

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.