



## Equine Submission Form

<b>Clinic:</b> _____	<b>Owner Name:</b> _____
<b>Address:</b> _____	<b>Location/Farm ID:</b> _____
<b>Email:</b> _____	<b>Animal ID:</b> _____ <b>Species:</b> _____
<b>Phone:</b> _____	<b>Breed:</b> _____ <b>Fetal Gestational Age:</b> _____
<b>Veterinarian:</b> _____	<b>Age:</b> _____ <b>Age Unit (d/w/m/y):</b> _____
<b>Submitters Signature:</b> _____	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> Unknown
<b>Additional Contacts Email:</b> _____	<b>Cremation?</b> <input type="checkbox"/> Yes; specify cremation service: _____ <input type="checkbox"/> Partial (head/heart/hoves) <input type="checkbox"/> Full body <input type="checkbox"/> No (dispose of body at UCMV)

☐ Rabies Suspect ☐ Other Zoonotic Suspect, Specify: \_\_\_\_\_ ☐ Criminal-Legal Case<sup>±</sup> ☐ Medicolegal Case<sup>±</sup> ☐ Insurance Case<sup>±</sup>

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

**Relevant History, including treatments (please do NOT attach medical records):**

<b>Date Sample Collected:</b> _____	Previous related DSU case number(s): _____
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**Presumptive Diagnosis:** \_\_\_\_\_

<b>Anatomic Pathology*</b> <input type="checkbox"/> Surgical biopsy, site:  <input type="checkbox"/> Necropsy – field <input type="checkbox"/> Necropsy – whole body <input type="checkbox"/> Permission to run C & S on up to 3 tissues at discretion of the pathologist (\$75 charge)  <b>*Proceed to page 2</b>	<b>Bacteriology/Mycology</b> Specimen & site:  <input type="checkbox"/> Routine culture & susceptibility <input type="checkbox"/> Clostridium difficile culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Other:	<b>Cytology</b> Site(s):  <input type="checkbox"/> Fluid <input type="checkbox"/> Smear (FNA, impression) <input type="checkbox"/> Blood smear review <input type="checkbox"/> Urine, method of collection:	<b>Parasitology</b> <input type="checkbox"/> Routine fecal float <input type="checkbox"/> Fecal egg count, individual <input type="checkbox"/> Fecal egg count, pooled	<b>PCR</b> <i>Coming soon!</i>	<b>Send Out Tests</b> <input type="checkbox"/> Other, specify:
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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: \_\_\_\_\_

Feed, water source, minerals, supplements:

Recent additions/changes:

Recent travel history: \_\_\_\_\_

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.