

Avian Submission Form

Date Form Completed: _____

Please fill out form as completely as possible.

Submitted By: <input type="checkbox"/> Owner <input type="checkbox"/> Vet <input type="checkbox"/> Other Submitter Bill To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet <input type="checkbox"/> Submitter Final Reports To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Submitter <small>*Preliminary reports will be sent to Vet Clinic unless otherwise specified</small> Client Reference No.: _____ Insurance Claim? <input type="checkbox"/> Yes Possible Litigation? <input type="checkbox"/> Yes	AHC Use Only Resubmission? <input type="checkbox"/> Yes Previous Case No. _____ Date Received _____ Received By: _____ Revenue Recovery? <input type="checkbox"/> Yes Pathologist Assigned: _____
Farm Name: _____ Premise ID: _____	Veterinarian: _____
Owner: _____	Vet Clinic: _____
Address: _____ City: _____	Address: _____
Postal Code: _____	Postal Code: _____
Home Phone: _____ Cell Phone: _____	Office Phone: _____ Cell Phone: _____
Email: _____ Fax: _____	Email: _____ Fax: _____
Submitter: _____	Location of Birds: <input type="checkbox"/> Farm Address (as above) <input type="checkbox"/> Other Location (specify below): _____ _____ _____
Affiliation/Company: _____	
Address: _____	
Postal Code: _____	
Office Phone: _____ Submitter Cell: _____	
Email: _____ Fax: _____	
Reason for Submission: <input type="checkbox"/> Diagnostic Investigation <input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Surveillance <input type="checkbox"/> Special Project <input type="checkbox"/> Other (specify): _____	

Type of bird(s) Submitted: _____ <input type="checkbox"/> Domestic <input type="checkbox"/> Pet <input type="checkbox"/> Wild <input type="checkbox"/> Other															
Flock Size: _____ Feed Source: _____															
Age: _____ (circle d, w, m, y) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed male and female <input type="checkbox"/> Unknown															
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
No. (or %) Dead:															
No. (or %) Sick:															
% Egg Production															
Vaccinated?: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Person to contact to confirm vaccination details: _____															
Euthanized?: <input type="checkbox"/> Yes Specify Method: _____															



Avian Submission Form

Specimens Submitted:		
Whole Bird (s):	No. Live: ____ No. Dead: ____	Date Collected: _____
Tissues (s):	Fresh Tissues: ____ Fixed Tissues: ____	Date Collected: _____
Other:	Feces: ____ Fluff: ____ Environment Swab: ____ Feed: ____ Swab: ____	Date Collected: _____
	Whole Blood: ____ Serum: ____ Other (specify): _____	
Minimal Test(s) Requested:		
<input type="checkbox"/> Full Necropsy <input type="checkbox"/> Bacteriology <input type="checkbox"/> Histopathology		
<input type="checkbox"/> Virology <input type="checkbox"/> PCR <input type="checkbox"/> Parasitology		
<input type="checkbox"/> Other: _____		
Serology Test(s) Requested:		
<input type="checkbox"/> MG <input type="checkbox"/> MS <input type="checkbox"/> MM <input type="checkbox"/> IB <input type="checkbox"/> IBD		
<input type="checkbox"/> NDV <input type="checkbox"/> AI <input type="checkbox"/> AE <input type="checkbox"/> Reo <input type="checkbox"/> ORT		
<input type="checkbox"/> B avium <input type="checkbox"/> Adeno <input type="checkbox"/> Other (specify): _____		

History (Describe clinical signs, date of onset, housing, production level, treatments given, etc.):

Condition Suspected:

Additional Comments:

Specimens submitted to the AHC become the property of the AHC and are cremated on site following testing. Ashes cannot be returned. Information related to food-producing animal testing may be used by the Ministry of Agriculture for the purpose of summarized statistical surveillance of production animal health in BC. Personal details will not be disclosed, in accordance with the Freedom of Information and Protection of Privacy Act. In the event of a suspected reportable, notifiable or foreign animal disease, the AHC is obligated to comply with the federal Health of Animals and the provincial Animal Disease Control Acts by confirming the diagnosis and notifying the appropriate agencies.

Submitter's Signature: _____