



Ministry of
Agriculture

ANIMAL HEALTH CENTRE

AAVLD—Accredited Laboratory

Mammalian Submission Form

Case #

Ministry of Agriculture
1767 Angus Campbell Road
Abbotsford, BC V3G 2M3
Ph:604-556-3003; 1-800-661-9903
Fax:604-556-3010

Submitted By: <input type="checkbox"/> Owner <input type="checkbox"/> Vet <input type="checkbox"/> Submitter Reports To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet <input type="checkbox"/> Submitter Bill To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Submitter Client Reference No.: _____ Insurance Claim? <input type="checkbox"/> Yes Possible Litigation? <input type="checkbox"/> Yes	Submitter/Company: Address: City: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____
Farm Name: Owner: Address: City: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____	Vet Clinic: Veterinarian: Address: City: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____
Species: _____ Breed: _____ Age: _____ (circle d, w, m, y) Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/N <input type="checkbox"/> F/S Animal ID/Name: _____ Tattoo/Tag No: _____ CCIA Tag No: _____ No. Submitted Live: _____ No. Submitted Dead: _____ Date Animal(s) Died: _____	
Presenting Complaint: <input type="checkbox"/> Abortion <input type="checkbox"/> Diarrhea/Enteric <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Respiratory <input type="checkbox"/> Neoplasia <input type="checkbox"/> Sudden Death <input type="checkbox"/> Unthriftiness <input type="checkbox"/> Urinary <input type="checkbox"/> Reproductive <input type="checkbox"/> Other: _____	
Clinical Diagnosis: _____ Treatments: <input type="checkbox"/> None <input type="checkbox"/> Antibiotics <input type="checkbox"/> Fluids <input type="checkbox"/> Anti-inflammatories Specify: _____ Vaccinated?: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Specify: _____ Euthanized?: <input type="checkbox"/> Yes Specify Method: _____	
History (Describe clinical signs, prior disease, management practices including current drug therapy, other relevant information):	



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Additional History Information

No. in Group: ____	No. (or %) Sick: ____	No. (or %) Dead: ____	Duration of Illness	__d	__w	__m
Cattle:	<input type="checkbox"/> Dairy	<input type="checkbox"/> Cow/Calf	<input type="checkbox"/> Veal	<input type="checkbox"/> Feedlot		
Swine:	<input type="checkbox"/> Farrow	<input type="checkbox"/> Nursery	<input type="checkbox"/> Weaner	<input type="checkbox"/> Grower	<input type="checkbox"/> Feeder	
Horse:	<input type="checkbox"/> Racehorse	<input type="checkbox"/> Pleasure				

Ration Type: _____	Describe: _____
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Specimen and Test Order

Specimen(s)	Whole Animal ____ Blood ____ Fetus ____ Placenta ____	Date Collected: _____
Submitted:	Swabs ____ Feces ____ Milk ____ Water ____ Other _____	
Fresh Tissues:	Brain ____ Heart ____ Lung ____ Kidney ____ Placenta ____ Muscle ____	Date Collected: _____
	Stomach ____ Intestine ____ Liver ____ Spleen ____ Other _____	
Fixed Tissues:	Brain ____ Heart ____ Lung ____ Kidney ____ Placenta ____ Muscle ____	Date Collected: _____
	Stomach ____ Intestine ____ Liver ____ Spleen ____ Other _____	
General Test(s) Requested:	Specific Test(s) Requested:	
<input type="checkbox"/> Necropsy	<input type="checkbox"/> Virology	<input type="checkbox"/> Serology
<input type="checkbox"/> Histology	<input type="checkbox"/> Parasitology	<input type="checkbox"/> PCR
<input type="checkbox"/> Bacteriology		

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: _____