



**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 (Please specify in <i>History</i> section)	
Treatments:	<input type="checkbox"/> None	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Fluids	<input type="checkbox"/> Anti-inflammatories	<input type="checkbox"/> Other (Please specify in <i>History</i> section)
Vaccinated?	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	Specify: _____	
Euthanized?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify Method: _____		

**Additional Information** (please include as much information as possible if applicable)

No. in Group: _____	No. (or %) Sick: _____	No. (or %) Dead: _____	Duration of Illness: _____	
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: _____			

**\*Services Requested:**

<input type="checkbox"/> <b>Post Mortem examination</b>	<u>add</u>	<input type="checkbox"/> <b>Neurologic examination</b>	<u>or</u>	<input type="checkbox"/> <b>Necropsy Post Mortem Diagnostic Package</b> (for necropsies conducted outside of the AHC)
<u>or</u>	<input type="checkbox"/>	<b>Specific Testing-</b> Please indicate below the specific testing requested <u>if neither Post Mortem nor Necropsy Post Mortem Diagnostic Package selected.</u>		

**Serology:**  Johne's Disease  B LV - Bovine Leukemia Virus  CAE – Caprine Arthritis Encephalitis

C. difficile toxins A & B  Neospora caninum  OPP – Ovine Progressive Pneumonia  Q fever – Coxiella burnetii

Other (specify) \_\_\_\_\_

**Electron Microscopy:****Parasitology:** **Other (specify):****Virology:****Histopathology:****Molecular Diagnostics (PCR):****Bacteriology:**

\*\*For a full list of tests and fees please visit <http://www.gov.bc.ca/animalhealthcentre>

- Private Cremation Requested** subject to pathologist approval, remains may be released to a licensed crematorium after completion of form FQM-034 (contact Front office, *additional fees apply*).
- Additional tests may be conducted at pathologist's discretion** (*additional fees may apply*).

Specimens submitted become the property of the AHC and are cremated on site following testing (unless arrangements for a private cremation are made with a licenced crematorium). 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:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\* Please ensure all required information (indicated by \*) is completed. Samples with incomplete forms will not be tested.**