

# COMPANION & EXOTIC SUBMISSION FORM



Ministry of  
Agriculture  
and Food

**ANIMAL HEALTH CENTRE**  
**BC Ministry of Agriculture and Food**  
 1767 Angus Campbell Rd.  
 Abbotsford BC, V3G 2M3

[www.gov.bc.ca/animalhealthcentre](http://www.gov.bc.ca/animalhealthcentre)  
 AAVLD—Accredited Laboratory  
 604-556-3003 1-800-661-9903  
 Fax: 604-556-3010  
 Email: PAHB@gov.bc.ca

<b>FOR LAB USE ONLY</b>	ENTERED: _____	VERIFIED: _____	SENT: _____		
	DATE: _____	DATE: _____	PM	SER	CASE #:
					COORD: _____

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

<b>CLIENT REFERENCE #</b>			<b>COLLECTED ON:</b> (YYYY/MM/DD)		<b>SUBMITTED ON:</b> (YYYY/MM/DD)	
Insurance Claim	Possible Litigation	Rehab/Rescue	<b>SUSPECT FAD/ZOONOTIC AGENT:</b>			
* SUBMITTED BY:	Owner	Vet Clinic	Other (Fill out info →)	<b>SUBMITTER AND/OR BILLING:</b>		ACCOUNT #:
* BILL TO:	Owner	Vet Clinic	Other (Fill out info →)	NAME:		
* REPORTS TO:†	Owner	Vet Clinic	Other (Fill out info →)	ADDRESS:		
† Reports will be sent by email (or fax) to each of the parties indicated above. Preliminary reports will be sent to Vet Clinic unless otherwise specified.			CITY:		PROVINCE:	
ADDITIONAL REPORT EMAIL:			POSTAL CODE:		PHONE:	
ADDITIONAL REPORT EMAIL:			EMAIL / FAX:			
* OWNER:		PREMISE ID:		<b>VETERINARIAN:</b>		ACCOUNT #:
FARM NAME:			VET CLINIC:			
* ADDRESS:			ADDRESS:			
* CITY:		* PROVINCE:		CITY:		PROVINCE:
* POSTAL CODE:		* PHONE:		POSTAL CODE:		PHONE:
EMAIL / FAX:			EMAIL / FAX:			
<b>* PHYSICAL LOCATION OF ANIMALS:</b>			OWNER/FARM ADDRESS (AS ABOVE)		OTHER LOCATION (SPECIFY BELOW)	
ADDRESS:			CITY:		POSTAL CODE:	
* SPECIES:		* BREED:		* AGE:		D W M Y
* SEX:		M	F	M/N	F/S	UNKNOWN
<b>ANIMAL ID/NAME:</b>			<b>TATTOO/MICROCHIP:</b>			
<b>USE/TYPE OF ANIMAL</b> (select one):			Pet	Zoo/Aquarium/Collection	Other	Unknown
<b>TOTAL # OF ANIMALS IN GROUP</b> (number only):			<b># SICK:</b>		<b># DEAD:</b>	
* EUTHANIZED:			N/A	NO	YES – SPECIFY METHOD:	
					DATE ANIMAL DIED: (YYYY/MM/DD)	
<b>TREATMENTS:</b>						
Unknown      None      Antibiotics      Fluids      Anti-inflammatories      Other (Please specify in History section)						
<b>VACCINATION STATUS:</b> Unknown      None      Vaccinated (Specify):						
<b>REASON FOR SUBMISSION</b> (select one):			Diagnostic Investigation		Monitoring/Surveillance	
Research/Special Project (if different than Ref.#):			Other (Specify):		Certify/Export/Pre-transfer	
<b>PRIMARY PROBLEM</b> (select one):			Death/Mortality/Moribund		General Illness	
Decreased food/Water intake		Abortion		Gastroenteric/Diarrhea		Musculoskeletal
Neurologic		Reproductive		Respiratory		Urinary
						Other (Please specify in History section)
<b>SAMPLE SOURCE</b> (select one):			Individual	Multi-individual	Pooled	Environmental
<b>HISTORY:</b> Describe clinical signs, date of onset, housing, production level, treatments given, ration type/diet, etc. Please ensure any written testing requests are at the top of this field.						
CONDITION SUSPECTED:			RELATED PREVIOUS AHC CASE #(s):			

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

**HISTORY (Continued):**

**\* SPECIMENS SUBMITTED AND SERVICES REQUESTED**

For 10 or more samples email a digital spreadsheet to: [PAHB@gov.bc.ca](mailto:PAHB@gov.bc.ca)

**Full Necropsy** For whole animals, includes up to five ancillary tests as selected at the discretion of the duty pathologist- includes brain exam at pathologist's discretion

**Diagnostic Package** For tissues collected outside of the AHC, includes up to five ancillary tests that will be selected at the discretion of the duty pathologist

**Spinal Cord Assessment** Add on removal and examination of spinal cord to full necropsy (additional fees apply)

**Private Cremation Requested** Subject to pathologist approval, remains may be released to a licensed crematorium (additional fees apply)

Requires completion of form FPM-040 at time of submission: <https://www2.gov.bc.ca/assets/download/AEE6E3589C1D461386CA34D985FFFE0>

**Include additional tests at pathologist's discretion (additional fees may apply)**

Serology	Parasitology	* Samples	* Sent #	Received # <small>Lab Use Only</small>	
<b>C. Diff</b> – Clostridium difficile toxin A&B <i>ELISA</i> <b>NEO</b> – Neospora caninum <i>ELISA</i> Other Sero:	Fecal Floatation	Whole Animal			
	Baermann ( <i>Lungworm</i> )	Fetus			
	Histopathology	Fixed Tissues			
<b>Bacteriology</b> Aerobic culture and sensitivity Aerobic culture only Anaerobic culture only ( <i>includes C. perfringens detection</i> ) Clostridial FAT ( <i>includes anaerobic culture</i> ) Cryptosporidium spp. ( <i>direct smear</i> ) Fungal culture only Listeria monocytogenes isolation Salmonella culture Other Bacti:	Histopathology	Fresh Tissues			
	IHC:	Whole Blood			
	Other Histo:	Serum			
	<b>Virology: (for full list of available isolation tests see fee guide)</b>	Feces			
	Virus Isolation for:	Urine			
		Milk			
	Electron Microscopy for:	Viral Media Swab			
		Bacti Media Swab			
	Other Viro:	Dry Swab			
		Other ( <i>list below</i> ):			
<b>Molecular Diagnostics (PCR)</b>					
<b>Bhen</b> – Bartonella henselae <b>WNS</b> – Bat White-Nose Syndrome <b>Bsal</b> – Batrachochytrium salamandrivorans <b>BDA</b> – Bearded Dragon Adenovirus <b>CAD T1</b> – Canine Adenovirus 1 ( <i>Infectious Canine Hepatitis</i> ) <b>CAD T2</b> – Canine Adenovirus 2 ( <i>Canine Resp. adenovirus</i> ) <b>CCV</b> – Canine Coronavirus <b>CDV</b> – Canine Distemper Virus <b>CHV</b> – Canine Herpesvirus <b>IVU</b> – Canine Influenza Virus <b>CPI</b> – Canine Parainfluenza Virus <b>CPV</b> – Canine Parvovirus 2 <b>CHL</b> – Chlamydia felis <b>CNG</b> – Cryptococcus neoformans <b>CRY</b> – Cryptosporidium spp. <b>ENC</b> – Encephalitozoon cuniculi <b>EHD</b> – Epizootic Hemorrhagic Disease Other PCR:	<b>Fcal</b> – Feline Calicivirus <b>FHV</b> – Feline Herpesvirus 1 <b>FID</b> – Feline Immunodeficiency Virus <b>FIP</b> – Feline Infectious Peritonitis ( <i>Feline Coronavirus</i> ) <b>FeLv</b> – Feline Leukemia Virus <b>FPV</b> – Feline Parvovirus ( <i>Feline Panleukopenia Virus</i> ) <b>FT</b> – Francisella tularensis <b>Chytrid</b> – Frog Chytrid ( <i>Batrachochytrium dendrobatidis</i> ) <b>IRIDO</b> – Frog Ranavirus <b>LEPTO</b> – Leptospira spp. <b>LIST</b> – Listeria monocytogenes <b>MOL</b> – Mollicutes <b>UMB</b> – Mycobacterium Consensus <b>PyERV</b> – Python Endogenous Retrovirus <b>RHDV</b> – Rabbit Hemorrhagic Disease <b>SPV</b> – Snake Paramyxovirus	Check off tissue types below			
		Fresh	Formalized		
			Brain	Brain	
			Heart	Heart	
			Lung	Lung	
			Liver	Liver	
			Kidney	Kidney	
			Spleen	Spleen	
			Stomach	Stomach	
			Intestine	Intestine	
			Muscle	Muscle	
			Placenta	Placenta	
			Other:	Other:	
				Please view our full list of tests available in our fee guide at <a href="http://www.gov.bc.ca/animalhealthcentre">www.gov.bc.ca/animalhealthcentre</a>	

**\* IMPORTANT PLEASE READ:** By signing this form, the submitter acknowledges and agrees: 1) Specimens submitted are cremated on site following testing and ashes will not be returned. 2) Personal information supplied by the submitter is collected by His Majesty The King in right of B.C. as represented by the Minister of Agriculture and Food (AF) under s. 26(c) of the Freedom of Information and Protection of Privacy Act, for completing the requested testing and analysis. Such personal information will be used and disclosed only in accordance with that Act and the Animal Health Act. The submitter can direct any questions on personal information to [PAHB@gov.bc.ca](mailto:PAHB@gov.bc.ca). 3) AF may use information related to food-producing animal testing for the summarized statistical surveillance of production animal health in B.C. 4) In the event of a suspected reportable, notifiable or foreign animal disease, the AHC must comply with relevant laws by confirming the diagnosis and notifying the appropriate agencies. 5) The AHC may send the specimen submitted to an external third-party laboratory for required testing at the discretion of the Case Coordinator, unless otherwise directed by the client.

\*Submitter's Signature: \_\_\_\_\_ Date: (YYYY/MM/DD) \_\_\_\_\_