

Farm Animal Submission Form

WVSC Ref:	WVSC USEONLY
Date received:	WVSC USEONLY

PLEASE COMPLETE ALL SECTIONS WHEN SUBMITTING CARCASSES FOR POSTMORTEM EXAMINATION

CLIENT'S NAME & ADDRESS

Postcode:	
CPHH:	

Address where animals kept, if different from above:

Postcode:	
CPHH:	

VETERINARY PRACTICE

Email(s) for results:	
Clinician:	
& Mobile No:	

ANIMAL DETAILS (If submitting a foetus and placenta for an abortion investigation, please provide details of the dam, not the foetus)

Species:		Age: _____ * Days / Weeks / Months / Years (*delete as appropriate)
Breed:		Neonatal (< 1wk) <input type="checkbox"/> Pre-weaned <input type="checkbox"/> Post-weaned <input type="checkbox"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Castrate <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown <input type="checkbox"/>		Adult <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown <input type="checkbox"/>

PURPOSE / HUSBANDRY (Please enter the main enterprise involving affected animals)

Organic Production: Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> In transition <input type="checkbox"/>			
Cattle	Sheep	Pig	Other Classes
Dairy <input type="checkbox"/>	Hill / Upland <input type="checkbox"/>	Breeding <input type="checkbox"/>	Other Dairy <input type="checkbox"/>
Suckler <input type="checkbox"/>	Lowland <input type="checkbox"/>	Rearing <input type="checkbox"/>	(small ruminant) <input type="checkbox"/>
Beef finisher <input type="checkbox"/>	Lamb Finisher <input type="checkbox"/>	Finishing <input type="checkbox"/>	Other farmed <input type="checkbox"/>
Calf rearer <input type="checkbox"/>			(e.g. rabbit, fish, deer) <input type="checkbox"/>
			Fibre <input type="checkbox"/>
			Captive <input type="checkbox"/>
			Zoo <input type="checkbox"/>
			Wild <input type="checkbox"/>
			Pet <input type="checkbox"/>
			Unknown <input type="checkbox"/>
			Other: <input type="checkbox"/>

REASON FOR SUBMISSION

Diagnostic <input type="checkbox"/>	Is this the first sample from this case/outbreak? Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous Lab. Ref: _____
Monitoring <input type="checkbox"/>	Other <input type="checkbox"/> (please state):	

CLINICAL HISTORY

Size of herd / flock	No. in affected group	No. affected (including dead)	No. died

DURATION OF SIGNS

0 - 3 days	<input type="checkbox"/>
4 days – 2 weeks	<input type="checkbox"/>
> 2 weeks	<input type="checkbox"/>
unknown	<input type="checkbox"/>

HOUSING

Housed	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>
Mixed	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

CLINICAL SIGNS (Please rank in order of importance e.g. 1 = main clinical sign)

Abortion <input type="checkbox"/>	Sub-clinical mastitis <input type="checkbox"/>	GIT – not diarrhoea <input type="checkbox"/>	Muscular / Skeletal <input type="checkbox"/>	Skin <input type="checkbox"/>	Unknown <input type="checkbox"/>
Stillbirth <input type="checkbox"/>	Milk-drop <input type="checkbox"/>	Wasting / poor condition <input type="checkbox"/>	Recumbent <input type="checkbox"/>	Urinary <input type="checkbox"/>	Healthy <input type="checkbox"/>
Reproduction <input type="checkbox"/>	Malaise <input type="checkbox"/>	Lameness <input type="checkbox"/>	Found dead <input type="checkbox"/>	Nervous signs <input type="checkbox"/>	N/A <input type="checkbox"/>
Clinical Mastitis <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>		Respiratory <input type="checkbox"/>	Eye disease <input type="checkbox"/>	Other <input type="checkbox"/>

WRITTEN CLINICAL HISTORY (& test(s) required if not a PME submission)

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Please continue over-page

ANIMAL IDENTIFICATION (Please continue over-page or use a paginated supplementary sheet if required)

OFFICIAL ANIMAL ID	SAMPLE ID	Type & number of carcasses
		Date animal died:

Please tick this box if samples cannot be used anonymously for research and/or test development

DATA PROTECTION: Any information given on this form regarding samples submitted for post-mortem examination may be shared with the APHA as part of the government surveillance network. For further information on how we handle personal data please read our privacy notice at www.wvsc.wales

SUPPLEMENTARY SUBMISSION FORM

CLINICAL SIGNS *(continued)*

Written clinical history – include management details, diet, dates of illness/deaths, treatments, vaccination status etc.

ANIMAL AND SAMPLE IDENTIFICATION

*Please use a paginated supplementary sheet for additional animal/sample identification if required**

OFFICIAL ANIMAL ID	SAMPLE ID	TYPE AND NUMBER OF SAMPLES