

SAMPLES TAKEN Date: ____/____/____ (yyyy/mm/dd) Time of day ____:____ Date sent ____/____/____ (yyyy/mm/dd)
SUBMITTED BY Veterinarian Owner Other BILL Veterinarian Other

Important. Please read. Contact Information must be supplied with all samples submitted for testing to the Animal Health Lab ("AHL"). Agricultural animal testing carried out through AHL is subsidized by the Government of Ontario. By submitting samples for testing to AHL, the submitter acknowledges that s/he is the owner or is a duly authorized agent of the owner. The submitter acknowledges and agrees that AHL may share test results and contact information as it deems necessary for the purposes of relevant legislation regarding reportable or notifiable diseases and for the purpose of surveillance of animal or public health in Ontario.

Clinic No.	Owner Unique ID (max. 40 characters)		
Clinic			
Address	Postal Code	Address	
City	Phone	Premises ID	Barn Postal Code
Veterinarian	Fax	Phone	Email
Email	Farm		Fax
Project	Barn/Pen/Floor/Batch ID		

*****IMPORTANT DEMOGRAPHIC INFORMATION *****

Animal ID _____ For additional animals ; please add extra page or send Excel spreadsheet to ahinfo@uoguelph.	Herd Size _____ No. at risk _____ No. sick _____ No. dead _____ Weight _____ kg Duration of problem ____ days ____ weeks ____ months ____ years	Commodity (check): Ruminant <input type="checkbox"/> meat <input type="checkbox"/> dairy other _____ Swine <input type="checkbox"/> sow <input type="checkbox"/> nursery/weaner <input type="checkbox"/> finisher <input type="checkbox"/> boar other _____ Chicken <input type="checkbox"/> broiler <input type="checkbox"/> layer <input type="checkbox"/> broiler-breeder <input type="checkbox"/> layer-breeder <input type="checkbox"/> exhibition <input type="checkbox"/> small farm Turkey <input type="checkbox"/> breeder <input type="checkbox"/> meat <input type="checkbox"/> exhibition <input type="checkbox"/> small farm
Species _____ Breed _____ Age ____ <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N		

Animals submitted #live: #dead: #fetus: Placenta Other specimens
Date/time of death Died or Euthanized/method

Problem List (e.g. diarrhea, pneumonia, etc.)

1	3
2	4

Clinical history (include date of onset of problems)

Rabies suspect
 Insurance claim
 Possible litigation
Additional charges may apply

Disposition of the body following postmortem

Cremation through a crematorium (handling fee applies)
 Communal cremation through AHL (no additional fee)
 Specific instructions: _____

Summary of recent therapy

Vaccinations

Management (housing, nutrition, etc.)

Resubmission/Quote# _____

Any questions? Please contact the lab.

Email: ahinfo@uoguelph.ca
Website: http://ahl.uoguelph.ca
AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-827-0961
AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324

AHL - Guelph Courier Address
UoG Animal Health Lab-PAHL
419 Gordon Street-Bldg 89
Guelph, ON N1G 2W1
Attn: Specimen Reception

Animal Health Laboratory
Laboratory Services Division
Univ of Guelph/Kemptville
Campus
79 Shearer Street
Kemptville, Ontario K0G 1J0

Pathologist (print) _____

Date/time postmortem began: _____ Body weight kg g

Animal identification (CCIA #, tag, tattoo, markings, etc.) _____

External findings

Body condition _____ hydration _____ fat stores _____ muscle mass _____

Internal findings

Clinical problems answered at postmortem (list)

POSTMORTEM DIAGNOSIS Tentative Final

Time postmortem completed _____

Telephoned _____ Date/time _____

Pathologist _____ DVM

<input type="checkbox"/> Photos taken	<input type="checkbox"/> Radiology charge	<input type="checkbox"/> CT scan charge
<input type="checkbox"/> Legal case charge	<input type="checkbox"/> Out of hours charge	<input type="checkbox"/> Euthanasia charge

TESTS REQUESTED

Bacteriology	Mycoplasma/Molecular Biology	Virology	Hold
Parasitology	Clinical Pathology	Histology	Other/Send Outs
		Toxicology	