



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.

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|--|---------------------------|
| AHL USE TEMPLATE: OAHNSMSCALE-001 | |
| Clinic Name | Owner or Farm name |
| Clinic address | Fire/Emergency # & Road |
| City | Postal Code |
| Clinic phone | Clinic fax |
| Veterinarian | Cell # |
| Email | Premises ID |

| Age / production group and weight of pigs in this submission | CLINICAL SIGN CATEGORIES (please check box) | ANIMALS AFFECTED/AT RISK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|----------------------|-----------|--------------------------|-------|----------------------|--|--------------------------|-----------------|----------------------|--|--------------------------|------------------|----------------------|--|--------------------------|-------------------|----------------------|--|--------------------------|-------|----------------------|--|---|--------------------------|--------------|--------------------------|----------|--------------------------|----------|--------------------------|---------|--------------------------|-------------|--------------------------|-------------------------|--------------------------|----------|--------------------------|------------|--------------------------|----------|--------------------------|-------|--|
| Age / group (please check box): Weight: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Sows / gilts</td> <td><input type="text"/></td> <td>kg</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Boars</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Nursing piglets</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Nursery / weaner</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Grower / finisher</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> <td><input type="text"/></td> <td></td> </tr> </table> | <input type="checkbox"/> | Sows / gilts | <input type="text"/> | kg | <input type="checkbox"/> | Boars | <input type="text"/> | | <input type="checkbox"/> | Nursing piglets | <input type="text"/> | | <input type="checkbox"/> | Nursery / weaner | <input type="text"/> | | <input type="checkbox"/> | Grower / finisher | <input type="text"/> | | <input type="checkbox"/> | Other | <input type="text"/> | | <table border="1"> <tr><td><input type="checkbox"/></td><td>Sudden death</td></tr> <tr><td><input type="checkbox"/></td><td>Diarrhea</td></tr> <tr><td><input type="checkbox"/></td><td>Coughing</td></tr> <tr><td><input type="checkbox"/></td><td>Dyspnea</td></tr> <tr><td><input type="checkbox"/></td><td>Weight loss</td></tr> <tr><td><input type="checkbox"/></td><td>Poor condition / fading</td></tr> <tr><td><input type="checkbox"/></td><td>Lameness</td></tr> <tr><td><input type="checkbox"/></td><td>Neurologic</td></tr> <tr><td><input type="checkbox"/></td><td>Abortion</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table> | <input type="checkbox"/> | Sudden death | <input type="checkbox"/> | Diarrhea | <input type="checkbox"/> | Coughing | <input type="checkbox"/> | Dyspnea | <input type="checkbox"/> | Weight loss | <input type="checkbox"/> | Poor condition / fading | <input type="checkbox"/> | Lameness | <input type="checkbox"/> | Neurologic | <input type="checkbox"/> | Abortion | <input type="checkbox"/> | Other | No. at risk _____ No. dead _____ No. sick _____ Duration of problem in the herd ____ days ____ weeks ____ months ____ years <hr/> ANIMAL SUBMITTED HISTORY Duration of illness ____ days ____ weeks ____ months ____ years |
| <input type="checkbox"/> | Sows / gilts | <input type="text"/> | kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Boars | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Nursing piglets | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Nursery / weaner | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Grower / finisher | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Sudden death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Diarrhea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Coughing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Dyspnea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Weight loss | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Poor condition / fading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Lameness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Neurologic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Abortion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ANIMAL SUBMITTED HISTORY (continued)

Date/time of death: Died or Euthanized Method: Captive bolt Gunshot IV barbiturate Other

Date/time of postmortem: _____

Clinical history and description of clinical signs:

Previous diagnostic findings? (check box) Yes No

If yes, please provide details:

Treatments:

Postmortem findings—record abnormalities found

Body condition score

1 2 3 4 5

Hydration

Normal Mild Moderate Marked

Fat stores

Absent Adequate Depleted Excessive

Muscle Mass

Normal Decrease Decrease Decrease

Mild Moderate Marked

External exam findings:

Head and neck findings:

Thoracic cavity findings:

Abdominal cavity findings:

Limbs, including joints:

List of diagnostic hypotheses for cause(s) of morbidity/mortality based on post-mortem findings:

- 1.
- 2.
- 3.