

SAMPLES TAKEN: Date: ____/____/____/(yyyy/mm/dd) Time of day: _____ Date sent ____/____/____/(yyyy/mm/dd)

SUBMITTED BY: Veterinarian Owner Agent BILL: Veterinarian Agent Project

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. AHL USE TEMPLATE: OAHNTRACMIN-001	Owner unique ID (max. 40 characters)		
Clinic			
Address	Postal code	Address	
City	Phone	Premises ID	Farm postal code
Veterinarian	Fax	Phone	Email
Email		Farm	Fax
Project OAHN Bovine - Trace mineral monitoring in beef cattle herds	Barn/pen/floor/batch ID		
AHL Additional Reporting Cynthia Miltenburg-cynthia.miltenburg@ontario.ca Jessica Gordon-jgordo04@uoguelph.ca		Contact for spring follow-up survey: <input type="checkbox"/> Producer email _____ <input type="checkbox"/> Contact herd veterinarian	

Please fill out the below information:

Mineral panel, trace element, serum *icpse*

<p>Herd size # mature: _____ # heifers: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Purebred Breed influence: _____ Month(s) calving takes place: _____ <input type="checkbox"/> Natural breeding <input type="checkbox"/> AI <input type="checkbox"/> Both</p>	<p>Mineral supplementation Is the herd currently provided mineral supplementation <input type="checkbox"/> Yes <input type="checkbox"/> No How is the trace mineral supplementation provided? <input type="checkbox"/> Lick tub <input type="checkbox"/> Block <input type="checkbox"/> Injectable <input type="checkbox"/> Protein/mineral supplement free choice <input type="checkbox"/> Protein/mineral supplement in TMR</p>	<p>Mineral supplementation cont'd If multiple delivery methods, please explain why/when When during the year is mineral provided? (check all that apply) <input type="checkbox"/> Pre-breeding (from calving to start of breeding) <input type="checkbox"/> Breeding season (During the time bulls are with cows) <input type="checkbox"/> Post breeding (from time bulls are pulled until cows are pregnancy tested) <input type="checkbox"/> Gestational feeding (from pregnancy testing until last 3 months before calving) <input type="checkbox"/> Pre-calving (from 3 months before calving up to the start of calving)</p>
---	--	--

<table border="1"> <thead> <tr> <th></th> <th>Heifers</th> <th>Mature cows</th> </tr> </thead> <tbody> <tr> <td>Number pregnant</td> <td></td> <td></td> </tr> <tr> <td>Number examined</td> <td></td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Pregnancy diagnosis not performed</td> </tr> </tbody> </table>		Heifers	Mature cows	Number pregnant			Number examined			<input type="checkbox"/> Pregnancy diagnosis not performed			<p>Has there been any known history of mineral deficiencies in the herd? Example: soil/forage deficiencies, animal deficiencies confirmed by blood/tissue testing, congenital defects in calves, or others suspected. <input type="checkbox"/> No <input type="checkbox"/> Yes Please describe: _____</p>	<p># SPECIMENS</p> <table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>Blood-serum</td> <td></td> </tr> <tr> <td colspan="2">Other</td> </tr> </tbody> </table> <p>VIA: <input type="radio"/> Courier <input type="radio"/> Drop-off <input type="radio"/> Mail <input type="radio"/> Other</p> <p>RECEIVED BY:</p>	Sent	Received	Blood-serum		Other	
	Heifers	Mature cows																		
Number pregnant																				
Number examined																				
<input type="checkbox"/> Pregnancy diagnosis not performed																				
Sent	Received																			
Blood-serum																				
Other																				

Samples Submitted			
	Cow ID or Number	Age	Pregnancy Status P = Pregnant O = Open U = Unknown
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			