UNIVERSITY of GUELPH

ANIMAL HEALTH LABORATORY

POSTMORTEM SUBMISSION FORM

Lab use only

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. The submitter confirms that they are the owner or a duly authorized agent. Anonymized test results will be shared with the Ontario Government for purposes of animal and public health surveillance. Contact information will be disclosed only in accordance with applicable law/legal obligation, including reportable disease legislation. Samples cannot be returned to the submitter due to biosafety regulations. Specimens submitted and any information or intellectual property arising therefrom belong to University of Guelph unless otherwise arranged in writing prior to submission. Information collected may be shared in accordance with applicable legislation, including, without limitation, the Freedom of Information and Protection of Privacy Act.

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

***IMPORTANT DEMOGRAPHIC INFORMATION ***

Animal ID _____
please add extra page or send Excel spreadsheet to ahlinfo@uoguelph.ca

Species _____

Breed _____

Age _____ ☐ d ☐ w ☐ m ☐ y

Sex ☐ F ☐ M ☐ N

Herd Size _____

No. at risk _____

No. sick _____

No. dead _____

Weight_____ kg

Duration of problem
☐ days ☐ weeks ☐ months ☐ years

Commodity (check):

Ruminant ☐ meat ☐ dairy ☐ other _____

Swine ☐ sow ☐ nursery/weaner ☐ finisher ☐ boar ☐ other _____

Chicken ☐ broiler ☐ layer ☐ broiler-breeder ☐ layer-breeder ☐ exhibition ☐ small farm

Turkey ☐ breeder ☐ meat ☐ exhibition ☐ small farm

Animals submitted #live: #dead: #fetus: ☐ Placenta ☐ Other specimens

Date/time of death ☐ Died ☐ or Euthanized/method

Problem List (below) (e.g. diarrhea, pneumonia, etc.) Resubmission/Quote#:

1	3
2	4

Clinical history (include date of onset of problems)-**additional space on 2nd page**

Summary of recent treatments

Vaccinations

Management (housing, nutrition, etc.)

Must check box yes or no. Provide **additional** details in history.

Imported animal	☐ **Yes**	☐ **No**
Chemotherapy administered	☐ **Yes**	☐ **No**
Systemic/internal radiation	☐ **Yes**	☐ **No**
Zoonotic disease suspect	☐ **Yes**	☐ **No**
Rabies suspect	☐ **Yes**	☐ **No**
Insurance claim* **	☐ **Yes**	☐ **No**
Possible litigation* **	☐ **Yes**	☐ **No**

****Additional charges may apply**

Disposition of the body following postmortem

☐ **Aftercare through a licensed cremation**
(paw print/communal/private) (handling fee applies)

☐ **No aftercare requested (AHL)**
(no additional fee)

☐ **Specific instructions:**

_____

Any questions?
Please contact the lab.
Email: ahlinfo@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
University of Guelph
79 Shearer Street
Kemptville, Ontario K0G 1J0

☐ **Delivered out of hours**

Delivered by: ☐ **Courier** ☐ **Owner** ☐ **Other:**_____

Initial: _____

UNIVERSITY of GUELPH
LABORATORY SERVICES

ANIMAL HEALTH LABORATORY

ADDITIONAL ID WORKSHEET

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AHL Case # _____

☐Resubmission/Quote# _____

Owner Unique ID: _____ **Farm/Barn:** _____

Comments/History (Continued)