

# 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 ***		Food animal commodity (check):
Animal ID _____	Herd Size _____	Ruminant <input type="checkbox"/> meat <input type="checkbox"/> dairy <input type="checkbox"/> other _____
Species _____	No. at risk _____	Swine <input type="checkbox"/> sow <input type="checkbox"/> nursery/weaner <input type="checkbox"/> finisher
Breed _____	No. sick _____	<input type="checkbox"/> boar <input type="checkbox"/> other _____
Age ____ <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y	No. dead _____	Chicken <input type="checkbox"/> broiler <input type="checkbox"/> layer <input type="checkbox"/> broiler-breeder
Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N	Weight _____ kg	<input type="checkbox"/> layer-breeder <input type="checkbox"/> exhibition <input type="checkbox"/> small farm
	Duration of problem ____ days ____ weeks ____ months ____ years	Turkey <input type="checkbox"/> breeder <input type="checkbox"/> meat <input type="checkbox"/> exhibition
		<input type="checkbox"/> small farm

Animals submitted	#live:	#dead:	#fetus:	<input type="checkbox"/> Placenta	<input type="checkbox"/> Other specimens
Date/time of death	<input type="checkbox"/> Died <input type="checkbox"/> or Euthanized/method				

<b>Problem List (below)</b> (e.g. diarrhea, pneumonia, etc.)	Resubmission/Quote#:
1	3
2	4

<b>Clinical history</b> (include date of onset of problems)-additional space on 2nd page   Summary of recent treatments  Vaccinations (must be included)  Management (housing, nutrition, etc.)	<b>Must check box yes or no.</b> Provide additional details in history. <b>Imported/adopted animal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (when/where): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Chemo. Administered</b> (Drug/when): _____ <b>Systemic/internal radiation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Zoonotic disease suspect</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Rabies suspect</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Insurance claim***</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Possible litigation***</b> <input type="checkbox"/> Yes <input type="checkbox"/> No ***Additional charges will apply
	<b>Disposition of the body following postmortem</b> <input type="checkbox"/> Aftercare through a licensed cremation (paw print/ communal/private) (handling fee applies) <input type="checkbox"/> No aftercare requested (AHL)(no additional fee) <input type="checkbox"/> Specific instructions: _____

<b>Any questions?</b> 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	<b>AHL - Guelph Courier Address</b> 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	Deposit of \$ _____ taken _____ Initial: _____ Delivered by: <input type="checkbox"/> Courier <input type="checkbox"/> Delivered out of hours <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____
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# ANIMAL HEALTH LABORATORY

## ADDITIONAL HISTORY WORKSHEET

Owner Unique ID: \_\_\_\_\_ Farm/Barn: \_\_\_\_\_

Comments/History (Continued)