

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 _____	Herd Size _____	Food animal commodity (check): Ruminant <input type="checkbox"/> meat <input type="checkbox"/> dairy <input type="checkbox"/> other _____ Swine <input type="checkbox"/> sow <input type="checkbox"/> nursery/weaner <input type="checkbox"/> finisher <input type="checkbox"/> boar <input type="checkbox"/> 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 _____	No. at risk _____	
Breed _____	No. sick _____	
Age ____ <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y	No. dead _____	
Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N	Weight _____ kg	
	Duration of problem ____ days ____ weeks ____ months ____ years	

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				

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 (must be included) Management (housing, nutrition, etc.)	Must check box yes or no. Provide additional details in history. Imported/adopted animal <input type="checkbox"/> Yes <input type="checkbox"/> No (when/where): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Chemo. Administered (Drug/when): _____ Systemic/internal radiation <input type="checkbox"/> Yes <input type="checkbox"/> No Zoonotic disease suspect <input type="checkbox"/> Yes <input type="checkbox"/> No Rabies suspect <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance claim*** <input type="checkbox"/> Yes <input type="checkbox"/> No Possible litigation*** <input type="checkbox"/> Yes <input type="checkbox"/> No ***Additional charges will apply
	Disposition of the body following postmortem <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: _____

Any questions? 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	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: _____
---	--	--	--

Owner Unique ID: _____ Farm/Barn: _____

Comments/History (Continued)