

# General Submission Form

Client's name and address

Postcode

Address where animals kept, if different from above

Postcode

CPHH No. 

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Veterinary practice

Clinician  
Your reference

**ANIMAL DETAILS**

**SPECIES**

**BREED**

**SEX** Male  Female  Castrate  Mixed  Unknown

**AGE**  \*Delete as appropriate \*Days/Weeks/Months/Years

Please complete age category box below

Neonatal (<1 week)  Pre-weaned  Post-weaned   
Adult  Mixed  Unknown

**PURPOSE/HUSBANDRY** Please enter the main enterprise under which the affected animals are kept

Organic production Yes  No  Not known

<b>Cattle</b>	<b>Sheep</b>	<b>Pig</b>	<b>All classes</b>	<b>All classes</b>	<b>All classes</b>
Dairy ..... <input type="checkbox"/>	Hill ..... <input type="checkbox"/>	Breeding ..... <input type="checkbox"/>	Captive or zoo .... <input type="checkbox"/>	Dairy (small ruminant)..... <input type="checkbox"/>	Other farmed (eg. rabbit, fish, deer) .... <input type="checkbox"/>
Suckler ..... <input type="checkbox"/>	Lowland ..... <input type="checkbox"/>	Rearing ..... <input type="checkbox"/>	Wild ..... <input type="checkbox"/>	Unknown ..... <input type="checkbox"/>	Pet ..... <input type="checkbox"/>
Beef finisher ..... <input type="checkbox"/>	Lamb finisher ..... <input type="checkbox"/>	Finishing ..... <input type="checkbox"/>	Fibre ..... <input type="checkbox"/>		N/A ..... <input type="checkbox"/>
Calf rearer ..... <input type="checkbox"/>					

**REASON FOR SUBMISSION**

Diagnostic  Is this the first sample from this case/outbreak Yes  No  Previous Lab. Refs \_\_\_\_\_  
Monitoring  Other  (please state) \_\_\_\_\_

**CLINICAL HISTORY**

No. in herd/flock	No. in affected group	No. affected including dead	No. died	Duration of clinical signs	Unknown	N/A	<b>HOUSING</b>
				0-3 days <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housed <input type="checkbox"/>
				4 days – 2 weeks <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoors <input type="checkbox"/>
				>2 weeks <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mixed <input type="checkbox"/>
							Unknown <input type="checkbox"/>

**CLINICAL SIGNS** Please rank in order of importance e.g. 1 = main clinical sign

Abortion ..... <input type="checkbox"/>	Malaise ..... <input type="checkbox"/>	Musc/Skel – not lame.. <input type="checkbox"/>	Urinary ..... <input type="checkbox"/>	N/A..... <input type="checkbox"/>
Repro – not abortion.. <input type="checkbox"/>	Diarrhoea ..... <input type="checkbox"/>	Recumbent ..... <input type="checkbox"/>	Nervous signs .. <input type="checkbox"/>	Other <input style="width: 100px;" type="text"/>
Clinical mastitis ..... <input type="checkbox"/>	GIT – not diarrhoea ..... <input type="checkbox"/>	Found dead ..... <input type="checkbox"/>	Eye disease ..... <input type="checkbox"/>	
Sub-clinical mastitis... <input type="checkbox"/>	Wasting/poor condition .. <input type="checkbox"/>	Respiratory ..... <input type="checkbox"/>	Unknown ..... <input type="checkbox"/>	
Milk drop ..... <input type="checkbox"/>	Lameness ..... <input type="checkbox"/>	Skin ..... <input type="checkbox"/>	Healthy ..... <input type="checkbox"/>	

**Written clinical history** – Please also use Supplementary Submission Form

**TESTS** – Enter tests below or tick box(es) on Supplementary Submission Form

**ANIMAL AND SAMPLE IDENTIFICATION** Please also use Supplementary Submission Form

Date sample(s) taken

Official animal ID	Sample ID	Type and number of samples

# Supplementary Submission Form

**For VLA Use**

VLA Ref. No.

Date received

**CLINICAL SIGNS** (continued)

Written clinical history – include management details, diet, dates of illness/deaths, treatments, vaccination status etc.

**\* TEST PACKAGES AND INDIVIDUAL TESTS**

This list is not comprehensive – for details of these and other tests, please refer to current price list.

**Serology**

- BVD (antibody).....
- IBR.....
- Leptospira hardjo.....
- Neospora.....
- Johnes.....

**Respiratory Disease**

- Bovine A.....
- Bovine B.....
- Bovine C.....
- Porcine A.....
- Porcine B.....

**Parasitology**

- Worm egg/Coccidial  
cocyst count.....
- Fluke egg count.....
- Lungworm larvae.....
- Worm egg  
count (composite).....
- Fluke egg  
count (composite).....

**Mastitis**

- Culture.....
- Sensitivity.....
- Herd screen  
(10 samples).....

**Virology**

- BVD (antigen).....

**Abortion Serology**

- Bovine A.....
- Bovine B.....
- Ovine.....
- Porcine A.....
- Porcine B.....

**Microbiology**

- Culture.....
- Salmonella only.....
- Microscopy e.g. Johnes.....

**Bulk Milk Serology**

- BVD.....
- IBR.....
- Leptospira hardjo.....
- Fluke.....

**Enteric Disease**

- Neonatal.....
- Youngruminant.....
- Adult ruminant.....
- Weaner pig.....

**Skin**

- Ectoparasites.....
- Ringworm.....
- Comprehensive.....

**ANIMAL AND SAMPLE IDENTIFICATION** Please use the Ancillary Submission Form for additional animal/sample identification

Official animal ID	Sample ID	Type and number of samples