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| **Client and Veterinary practice details** | |
| Client name & farm address  Click or tap here to enter text.  Postcode Click or tap here to enter text.  CPHH No. Click or tap here to enter text.  Flock code (if applicable) Choose an item. | Veterinary practice name & address  Click or tap here to enter text.  Postcode Click or tap here to enter text. |
| Address where animals kept if different from above  Click or tap here to enter text. | Clinician name  Click or tap here to enter text.  Email for PM Report:  Click or tap here to enter text. |

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| **Bird(s) details** | |
| Species  Click or tap here to enter text. | Age (specify days/weeks/months/years)  If abortion specify age of mother.  Click or tap here to enter text. |
| Breed/strain  Click or tap here to enter text. | Age category  Choose an item. |
| Sex  Choose an item. |  |

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| Type of housing Choose an item. | |  | |
| Organic production: Choose an item. | | | |
| Cattle  Choose an item. | Sheep  Choose an item. | Pig  Choose an item. | All classes  Choose an item. |

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| Reason for submission  Choose an item. | Use the box below to add details if you selected ‘other’  Click or tap here to enter text. |
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| Is this the first sample from this case/outbreak?  Choose an item. | Previous lab results  Click or tap here to enter text. |

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| **Clinical history** | | | | | | | |
| No. of herd in flock | | Click or tap here to enter text. | | Duration of clinical signs  Choose an item. | | | |
| No. in affected group | | Click or tap here to enter text. | |
| No. affected including dead | | Click or tap here to enter text. | | Housing  Choose an item. | | | |
| No. died | | Click or tap here to enter text. | |
| **Clinical signs** | | | | | | | |
| Abortion  Repro  Clinical mastitis  Sub clinical mastitis | Milk drop  Malaise  Diarrhoea  GIT | | Wasting/poor condition  Lameness  Musc/Skel  Recumbent | | Found dead  Respiratory  Skin  Urinary | Nervous signs  Eye disease  Unknown  Healthy | N/A  Other |

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| **Written clinical history** | **Tests** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Animal and sample identification** | | |
| *Official animal ID*  *Sample ID* | *Type and number of samples* | *Date taken* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

Please tick the box if you DO NOT give permission for tissues to be used for anonymous surveillance, teaching and research purposes.

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| Submission date Click or tap to enter a date. |