Commercial Poultry Submission Form

For Lab Use Only

Accn. # __________________________
Rec’d by: __________________________
Case Coordinator: ____________________
Accn. Type __________________________
# of Samples _________________________
Bill to: Vet Clinic Owner Other

Owner__________________________________ Submitter/Vet__________________________________
Ranch__________________________________ Bill To __________________________________________
Prem ID ________________________________ ☐ Phone ☐ FAX ☐ Email results to: __________________________
Your Reference # _________________________ (Name, number or email address) ________________
Elisa Code ____________________________________________
Flock Profile _________________________________________
Date Samples Taken ______________________ Date Shipped __________________ Carrier __________________

Number & Type of Specimens:

Specific Test Requested:

Reason for Submission:

Species/Production Class:
☐ Turkey
☐ Breeder Breed_________________________ Age____________(D or W) Sex _____
☐ Meat Flock ID_________________________
☐ Chicken House #/ID ____________________
☐ Breeder Location of Animals ______________
☐ Layer # at Ranch _______________________
☐ Meat # at House _________________________
☐ Other % or # Sick ________________________ % or # Mortality ______________________ (D/W/M)

Has there been a recent drop in production over the past 30 days? ☐ Yes ☐ No
Has there been an increase in mortality over the past 30 days? ☐ Yes ☐ No
Has there been an increase in illness over the past 30 days? ☐ Yes ☐ No

Vaccination History & Type/Dates:

Yes No
☐ ☐ Al_____________________________
☐ ☐ Marek’s______________________
☐ ☐ NDV__________________________
☐ ☐ IBV___________________________
☐ ☐ IBDV__________________________
☐ ☐ AE___________________________
☐ ☐ Pox___________________________
☐ ☐ M G___________________________
☐ ☐ H E___________________________
☐ ☐ B. avium______________________
☐ ☐ I LT___________________________
☐ ☐ Haemophilus____________________
☐ ☐ Other_________________________

History (clinical signs, nutrition, housing, treatment, production level, etc. Use next page if more space is needed.):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Disease(s) or condition(s) suspected: ________________________________

Medications (type & when given) _______________________________________

Signature of Submitter: _____________________________ Date: ______________

CAHFS, Davis
W. Health Sciences Dr.  CAHFS, San Bernardino  CAHFS, Turlock
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(530) 752-8700  San Bernardino, CA 92408  Turlock, CA 95380
FAX (530) 752-4253  (909) 383-4287  (209) 634–5837
  FAX (909) 383-4287  FAX (909) 884-5980  FAX (209) 667–4261

AHM commercial Rev. 4  7-09
## Animal/Specimen Information
*(please use for multiple animal submission)*

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<th>#</th>
<th>Specimen ID</th>
<th>Breed</th>
<th>Sex</th>
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