



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.

Form with fields for Clinic No., Clinic, Address, Postal Code, City, Phone, Veterinarian, Fax, Email, Project, Owner Unique ID, Premises ID, Barn Postal Code, Farm, and Barn/Pen/Floor/Batch ID.

IMPORTANT DEMOGRAPHIC INFORMATION

Demographic information fields including Animal ID, Species, Breed, Age, Sex, Herd Size, No. at risk, No. sick, No. dead, Weight, and Duration of problem.

Commodity (check): Ruminant [] meat [] dairy [] other, Swine [] sow [] nursery/weaner [] finisher [] boar [] other, Chicken [] broiler [] layer [] broiler-breeder [] layer-breeder [] exhibition [] small farm, Turkey [] breeder [] meat [] exhibition [] small farm.

Animals submitted #live: #dead: #fetus: [] Placenta [] Other specimens. Date/time of death [] Died [] 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. Management (housing, nutrition, etc.)

Must check box yes or no. Provide additional details in history. Imported animal [] Yes [] No. Chemotherapy administered [] Yes [] No. Systemic/internal radiation [] Yes [] No. Zoonotic disease suspect [] Yes [] No. Rabies suspect [] Yes [] No. Insurance claim*** [] Yes [] No. Possible litigation*** [] Yes [] No. ***Additional charges may apply

Disposition of the body following postmortem [] Aftercare through a licensed cremation (paw print/communal/private) (handling fee applies) [] No aftercare requested (AHL) (no additional fee) [] Specific instructions:

Any questions? Please contact the lab. Email: ahinfo@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. Delivered by: [] Delivered out of hours [] Courier [] Owner [] Other: Initial: []

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AHL Case # _____
 Resubmission/Quote# _____

Owner Unique ID: _____ Farm/Barn: _____

Comments/History (Continued)