California Animal Health & Food Safety Laboratory
University of California, Davis
http://cahfs.ucdavis.edu
Standard Submission Form

Veterinarian's Name _____

Clinic Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Your reference # _____

Date sample(s) taken _____ Date shipped _____

☐ FAX or ☐ Email _____

Owner's Name _____

Ranch _____

Address _____

City _____ State _____ Zip _____

Phone _____

☐ Export Sample _____
(Specify test methods below)   *Destination (Country)*

☐ Copy to _____

☐ Cattle   ☐ Turkey
☐ Horse   ☐ Chicken
☐ Swine   ☐ Psittacine _____
☐ Sheep   ☐ Ratite _____
☐ Goat   ☐ Plant or Feed
☐ Rabbit   ☐ Other _____

Location of Animal(s) _____
(county, state)

Animal/Group ID(s) _____

Production Class _____
(i.e. beef, dairy, calf ranch, etc.)

Duration of Illness _____

# in herd	# in group	# sick	# dead

Date of death: _____ Euth? ☐ Yes ☐ No

History (clinical signs, nutrition, housing, vaccination, production level, etc. Use next page if more space is needed.):
If this is an abortion, what is the fetal trimester? ☐ 1   ☐ 2   ☐ 3   What is the age of the dam? _____

_____

_____

_____

_____ *(continue on next page if necessary)*

Treatments: _____

_____

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

Animal/Specimen Information
(continue on back if necessary)

Lab Use	Specimen ID	Breed	Sex (F/M)	Age	Qty	Specimen Type	Test(s) Requested

Signature of Submitter: _____ *Date:* _____

Standard Submission Form 11/09

History (continued)

Animal/Specimen Information
(please use for multiple animal submission)

Lab Use	Specimen ID	Breed	Sex	Age	Qty	Specimen Type	Test(s) Requested