

Avian Submission Form

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|----------------|--------------|
| WVSC Ref: | WVSC USEONLY |
| Date received: | WVSC USEONLY |

PLEASE COMPLETE ALL SECTIONS WHEN SUBMITTING CARCASSES FOR POSTMORTEM EXAMINATION

CLIENT'S NAME & ADDRESS

| | |
|------------------------------------------------------|--|
| Postcode: | |
| CPHH: | |
| Flock code (if applicable): | |
| Address where animals kept, if different from above: | |
| Postcode: | |
| CPHH: | |

VETERINARY PRACTICE

| | |
|-----------------------|--|
| Email(s) for results: | |
| Clinician: | |
| & Mobile No: | |

BIRD DETAILS

| | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Species: | Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Duck <input type="checkbox"/> Goose <input type="checkbox"/> Pheasant <input type="checkbox"/> Partridge <input type="checkbox"/> Other <input type="checkbox"/> (please specify): |
| Breed: | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown <input type="checkbox"/> |

PURPOSE / HUSBANDRY (Please enter the main enterprise involving affected animals)

| Organic Production: Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> In transition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------|----------------------------------------|--------------------------------------|----------------------------------|--|--------------------------------|--------------------------------|-----------------------------------|----------------------------------------|-------------------------------|--------------------------------|-------------------------------|-------------------------------|----------------------------------|---------------------------------------|--------------------------------------|----------------------------------|
| <table border="1"> <tr> <th>Breeder / Parent</th> <th>Production</th> <th>Game</th> <th colspan="3">Other Classes</th> </tr> <tr> <td>Layer <input type="checkbox"/></td> <td>Layer <input type="checkbox"/></td> <td>Breeding <input type="checkbox"/></td> <td>Breeding/show <input type="checkbox"/></td> <td>Wild <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Meat <input type="checkbox"/></td> <td>Meat <input type="checkbox"/></td> <td>Rearing <input type="checkbox"/></td> <td>Pet/Backyard <input type="checkbox"/></td> <td>Captive/zoo <input type="checkbox"/></td> <td>Unknown <input type="checkbox"/></td> </tr> </table> | Breeder / Parent | Production | Game | Other Classes | | | Layer <input type="checkbox"/> | Layer <input type="checkbox"/> | Breeding <input type="checkbox"/> | Breeding/show <input type="checkbox"/> | Wild <input type="checkbox"/> | Other <input type="checkbox"/> | Meat <input type="checkbox"/> | Meat <input type="checkbox"/> | Rearing <input type="checkbox"/> | Pet/Backyard <input type="checkbox"/> | Captive/zoo <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Breeder / Parent | Production | Game | Other Classes | | | | | | | | | | | | | | | |
| Layer <input type="checkbox"/> | Layer <input type="checkbox"/> | Breeding <input type="checkbox"/> | Breeding/show <input type="checkbox"/> | Wild <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | |
| Meat <input type="checkbox"/> | Meat <input type="checkbox"/> | Rearing <input type="checkbox"/> | Pet/Backyard <input type="checkbox"/> | Captive/zoo <input type="checkbox"/> | Unknown <input type="checkbox"/> | | | | | | | | | | | | | |

TYPE OF HOUSING

| | | | | | |
|-------------------------------------|--------------------------------------|--------------------------------|-------------------------------------------------|--------------------------------|----------------------------------|
| Free-range <input type="checkbox"/> | Pen / Barns <input type="checkbox"/> | Cages <input type="checkbox"/> | Controlled Environment <input type="checkbox"/> | Other <input type="checkbox"/> | Unknown <input type="checkbox"/> |
|-------------------------------------|--------------------------------------|--------------------------------|-------------------------------------------------|--------------------------------|----------------------------------|

REASON FOR SUBMISSION

| | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------|
| Diagnostic <input type="checkbox"/> | Is this the first sample from this case/outbreak? Yes <input type="checkbox"/> No <input type="checkbox"/> | Previous Lab. Ref: _____ |
| Monitoring <input type="checkbox"/> | Other <input type="checkbox"/> (please state): | |

CLINICAL HISTORY

| Size of flock | No. in affected group | No. affected (including dead) | No. died |
|---------------|-----------------------|-------------------------------|----------|
| | | | |

AGE

| | |
|---------------------|--|
| Age of birds placed | |
| Age of birds now | |

DURATION OF SIGNS

| |
|-------------------------------------------|
| 0 - 3 days <input type="checkbox"/> |
| 4 days - 2 weeks <input type="checkbox"/> |
| > 2 weeks <input type="checkbox"/> |
| Unknown <input type="checkbox"/> |

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

| | | | | | |
|------------------------------------------|----------------------------------------------|---------------------------------------------------|-------------------------------------------------|---------------------------------------|----------------------------------------------------|
| Abnormal Faeces <input type="checkbox"/> | Muscular / skeletal <input type="checkbox"/> | Found dead <input type="checkbox"/> | Vent/cloacal disorders <input type="checkbox"/> | Healthy <input type="checkbox"/> | Other <input type="checkbox"/> (please specify) |
| Upper GIT signs <input type="checkbox"/> | Nervous signs <input type="checkbox"/> | Wasting / poor condition <input type="checkbox"/> | GIT - not diarrhoea <input type="checkbox"/> | Non-specific <input type="checkbox"/> | |
| Recumbent <input type="checkbox"/> | Respiratory <input type="checkbox"/> | | Egg quality <input type="checkbox"/> | Unknown <input type="checkbox"/> | |
| Lameness <input type="checkbox"/> | Skin / feather <input type="checkbox"/> | Egg-drop <input type="checkbox"/> | Infertility/poor hatch <input type="checkbox"/> | N/A <input type="checkbox"/> | |

ANIMAL IDENTIFICATION (Please continue over-page or use a paginated supplementary sheet if required)

| OFFICIAL ANIMAL ID | SAMPLE ID | Type & number of carcasses |
|--------------------|-----------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | Date animal died: |

PLEASE PROVIDE A FULL WRITTEN CLINICAL HISTORY IN THE SPACE OVER THE PAGE

Please tick this box if samples cannot be used anonymously for research and/or test development

DATA PROTECTION: Any information given on this form regarding samples submitted for post-mortem examination may be shared with the APHA as part of the government surveillance network. For further information on how we handle personal data please read our privacy notice at www.wvsc.wales

CLINICAL HISTORY

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

VACCINATION / TREATMENT

| | |
|------------------------------------------|-------------|
| Newcastle Disease (ND) | <i>date</i> |
| Infectious Bronchitis (IB) | <i>date</i> |
| Infectious Bursal Disease (IBD, Gumboro) | <i>date</i> |
| Salmonella | <i>date</i> |
| Marek's | <i>date</i> |
| Other | <i>date</i> |

| |
|-----------------------------------------------------------------------------------------|
| Medication in last seven days? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details: |

FLOCK DETAILS

| | | | | | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| Source of birds: Homebred <input type="checkbox"/> Purchased <input type="checkbox"/> | Please specify: As eggs <input type="checkbox"/> As poults / pullets <input type="checkbox"/> As day olds <input type="checkbox"/> | | | | | |
| Number of houses/pens on site | 1 | 2 | 3 | 4 | 5 | 6 |
| Source of birds | | | | | | |
| Age of birds when sourced/placed | | | | | | |
| Age of birds in each house now | | | | | | |
| Age or date of depopulation | | | | | | |

HUSBANDRY

| | |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Feeding: Ad-lib <input type="checkbox"/> Restricted <input type="checkbox"/> | Recent changes: |
| Feed type | _____ |
| In feed inclusions: | _____ |
| Appetite: Same <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> | Weight gain: Poor <input type="checkbox"/> Uneven <input type="checkbox"/> Water: Same <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> |
| Lighting: Natural <input type="checkbox"/> Artificial <input type="checkbox"/> | Pattern & intensity: _____ |
| Ventilation: Natural <input type="checkbox"/> Mechanical <input type="checkbox"/> Other <input type="checkbox"/> (please specify) | _____ |
| Type & condition of litter: | _____ |
| Heating: | _____ |

GAME BIRD SUBMISSIONS

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please specify: Rearing pens <input type="checkbox"/> At grass <input type="checkbox"/> Release pens <input type="checkbox"/> Released <input type="checkbox"/> On wire <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|