

Farm Animal PME Submission Form

WVSC reference:	WVSC USE ONLY
Date received:	WVSC USE ONLY

PLEASE COMPLETE ALL SECTIONS WHEN SUBMITTING CARCASSES FOR POSTMORTEM EXAMINATION

CLIENT'S NAME & ADDRESS

Postcode:	
CPHH:	

Address where animals kept, if different from above:

CPHH:		Postcode:	
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VETERINARY PRACTICE

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

ANIMAL DETAILS (If submitting a foetus and placenta for an abortion investigation, please provide details of the dam, not the foetus)

Species:	
Breed:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/> Castrate <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown <input type="checkbox"/>

Age:	_____ Days / Weeks / Months / Years (delete as appropriate)		
Age Category:	Neonatal (< 1wk) <input type="checkbox"/>	Pre-weaned <input type="checkbox"/>	Post-weaned <input type="checkbox"/>
	Adult (>12m, or >6m for pigs) <input type="checkbox"/>	Mixed <input type="checkbox"/>	Unknown <input type="checkbox"/>

Organic Production:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> In Transition <input type="checkbox"/>
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PURPOSE / HUSBANDRY (Please enter the main enterprise for affected animals) - For birds, please use the WVSC Avian PME Submission Form.

Cattle	Dairy <input type="checkbox"/> Suckler <input type="checkbox"/> Beef Finisher <input type="checkbox"/> Calf Rearer <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> (please specify below)
Sheep / Goat or Camelid	Hill/Upland <input type="checkbox"/> Lowland <input type="checkbox"/> Lamb finisher <input type="checkbox"/> Dairy <input type="checkbox"/> Meat (goat) <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> (please specify below)
Pig	Weaner/grower producer (breeding) <input type="checkbox"/> Breeder-finisher <input type="checkbox"/> Gilt Unit <input type="checkbox"/> Nursery <input type="checkbox"/> Nursery-finisher <input type="checkbox"/> Finisher <input type="checkbox"/> Boar Stud <input type="checkbox"/> Captive/Pet <input type="checkbox"/> Wild <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> (please specify below)
Other (please specify):	e.g. pet, zoo, fibre

REASON – WERE THESE ANIMALS SHOWING CLINICAL SIGNS?

Yes (Diagnostic) <input type="checkbox"/> No (Monitoring) <input type="checkbox"/> Other <input type="checkbox"/>
If other, please state reason:

IS THIS THE FIRST SAMPLE SUBMITTED FROM THIS CASE/OUTBREAK?

Yes <input type="checkbox"/>	Previous Lab. ref if applicable:
No <input type="checkbox"/>	

CLINICAL HISTORY

Total no. in herd / flock	No of breeding females	No. in affected group	No. affected (including dead)	No. died

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"/>

HOUSING

Housed	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>
Mixed	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

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

Abortion <input type="checkbox"/>	Sub-clinical mastitis <input type="checkbox"/>	GIT – not diarrhoea <input type="checkbox"/>	Muscular / Skeletal <input type="checkbox"/>	Skin <input type="checkbox"/>	Unknown <input type="checkbox"/>
Stillbirth <input type="checkbox"/>	Milk-drop <input type="checkbox"/>	Wasting / poor condition <input type="checkbox"/>	Recumbent <input type="checkbox"/>	Urinary <input type="checkbox"/>	Healthy <input type="checkbox"/>
Reproduction <input type="checkbox"/>	Malaise <input type="checkbox"/>		Found dead <input type="checkbox"/>	Nervous signs <input type="checkbox"/>	N/A <input type="checkbox"/>
Clinical Mastitis <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Lameness <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Eye disease <input type="checkbox"/>	Other <input type="checkbox"/>

WRITTEN CLINICAL HISTORY - include management details, diet, dates of illness/deaths, treatments, vaccination status etc.

For pig submissions where appropriate, please also complete Pig PME Supplementary History Form

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Please continue over-page

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(s) died:

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

SUPPLEMENTARY

WRITTEN CLINICAL HISTORY (*continued*) – include management details, diet, dates of illness/deaths, treatments, vaccination status etc.