

VLA Ref. No.

Date received

Avian Submission Form

Client's name and address

Postcode

Address where birds kept, if different from above

CPHH No.

Flock code (if applicable)

Veterinary practice

Clinician
Your reference

BIRD DETAILS

SPECIES Chicken Turkey Duck Goose

BREED/STRAIN Please specify

OTHER SPECIES Please specify

Pheasant
Partridge
Other

SEX:

Male Unknown
Female N/A
Mixed

PURPOSE (Please enter the main enterprise under which the affected birds are kept)

Organic production Yes No Not known
Breeder/parent – Layer Production – Layer Game Pet/Backyard Wild Captive or zoo Other
Breeder/parent – Meat Production – Meat Breeding Breeding/show
Rearing Other

TYPE OF HOUSING

Controlled environment Climatic – pen/building Free range Commercial cages Other
Brooder rings Pole barn Slats Barn Deep litter Perchery Unknown

REASON FOR SUBMISSION

Diagnostic Is this the first sample from this case/outbreak Yes No Previous Lab. Refs. _____
Monitoring Zoonoses Order Other (please state) _____

CLINICAL HISTORY

No. in flock	No. in affected group	No. affected including dead	No. died

Duration of clinical signs

0-3 days Unknown
4 days – 2 weeks N/A
>2 weeks

AGE

Age of birds placed
Age of birds now
Please complete age category box below

Written clinical history – Please also use Supplementary Clinical History Form

0-3 days Adult (≥20 weeks)
4-7 days Mixed
Immature Unknown

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

Wasting/poor condition Recumbent Respiratory..... Egg drop..... Unknown.....
Abnormal faeces..... Lameness..... Skin/feather Egg quality..... Healthy.....
Upper GIT signs Musc/skel – not lame Found dead Infertility/poor hatchability..... N/A.....
Vent/cloacal disorders Nervous signs..... Non specific clinical signs Other

TESTS Please refer to current price list for details of tests available.

BIRD AND SAMPLE IDENTIFICATION

Date sample(s) taken

Bird/sample ID	Type and number of samples

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Supplementary Clinical History Form

ADDITIONAL CLINICAL HISTORY

	<p>If appropriate, please use this table to help describe the morbidity/mortality pattern.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Mortality</th> <th style="width: 20%;">Culls</th> </tr> </thead> <tbody> <tr> <td>Total to date</td> <td></td> <td></td> </tr> <tr> <td>Today</td> <td></td> <td></td> </tr> <tr> <td>Yesterday</td> <td></td> <td></td> </tr> <tr> <td>Day before</td> <td></td> <td></td> </tr> </tbody> </table>		Mortality	Culls	Total to date			Today			Yesterday			Day before		
	Mortality	Culls														
Total to date																
Today																
Yesterday																
Day before																

VACCINATION/TREATMENT

ND @

IB @

IBD @

Salmonella @

Marek's @

Other @

Medicated in last 7 days? YES NO

Medication details

FLOCK DETAILS

Source of birds Homebred Purchased *please specify:* As eggs As poults/pullets As day olds

If imported, Date Country Number of birds in batch

Total number of birds in flock

Number of houses/pens on site	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Number of birds per house						
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 Restricted _____

Feed type _____

In feed inclusions _____

Recent feed changes No Yes _____

Appetite Same Increased Decreased

Water Same Increased Decreased

Weight gain Poor Uneven

Ventilation system Natural Mechanical

Lighting Natural Artificial (*pattern and intensity*) _____

Type and condition of litter _____

Heating (*please specify*) _____

GAMEBIRD SUBMISSIONS

Rearing pens At grass Release pens Released On wire

Data Protection Act 1998: In addition to reporting the results back to the people named on this form, we may also use the data provided and the results produced for other purposes. Please see the data protection statement in our Price List or on our website www.vla.gov.uk

Please tick box if samples cannot be used for anonymous surveillance or test validation purposes