



Nottingham Farm Pathology Submission Form

Client's name and address

County:

Postcode:

Address where animals kept, if different from above

CPHH No:

Veterinary Practice

Postcode:

Telephone:

Clinician:

Email address for results:

Email address for invoice:

Animal details

Species:

Breed:

Sex: Male Female Castrate Mixed Unknown

Age: days/weeks/months (delete as appropriate)

Please indicate age category:

Neonatal Pre-weaned Post-weaned

Adult Mixed Unknown

Organic production: Yes No Unknown

Purpose/husbandry Please enter main enterprise under which the affected animals are kept

Cattle	Small Ruminant	Pig	Poultry	All classes
Dairy <input type="checkbox"/>	Hill <input type="checkbox"/>	Breeding <input type="checkbox"/>	Gamebirds <input type="checkbox"/>	Other farmed (e.g., Rabbit, deer) <input type="checkbox"/>
Suckler <input type="checkbox"/>	Lowland <input type="checkbox"/>	Rearing <input type="checkbox"/>	Layers <input type="checkbox"/>	Open Farm/Working Animal <input type="checkbox"/>
Beef Finisher <input type="checkbox"/>	Lamb finisher <input type="checkbox"/>	Finishing <input type="checkbox"/>	Broilers <input type="checkbox"/>	Unknown <input type="checkbox"/>
Calf Rearer <input type="checkbox"/>	Dairy <input type="checkbox"/>	Pet <input type="checkbox"/>	Breeder <input type="checkbox"/>	
Pet <input type="checkbox"/>	Wool/Fibre <input type="checkbox"/>		Pet <input type="checkbox"/>	
	Pet <input type="checkbox"/>			

Clinical history

No. in herd/flock	No. in affected group	No. affected including dead	No. died	Date of Death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Died

Euth

Duration of clinical signs

0 – 3 days

4 days – 2 weeks

> 2 weeks

Unknown

N/A

Housing

Housed

Outdoors

Mixed

Unknown

Poultry (state below)

Clinical signs Please rank in order of importance e.g., 1 = main clinical sign

Abortion/ Stillbirth <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Malaise <input type="checkbox"/>	Egg drop <input type="checkbox"/>
Repro – not abortion <input type="checkbox"/>	GIT (not diarrhoea) <input type="checkbox"/>	Nervous signs <input type="checkbox"/>	Egg quality <input type="checkbox"/>
Mastitis <input type="checkbox"/>	Wasting/poor condition <input type="checkbox"/>	Eye disease <input type="checkbox"/>	Infertility/Poor Hatch <input type="checkbox"/>
Milk drop <input type="checkbox"/>	Lameness <input type="checkbox"/>	Skin/Feathers <input type="checkbox"/>	Vent/Cloacal <input type="checkbox"/>
Respiratory <input type="checkbox"/>	Musc/skel (not lame) <input type="checkbox"/>	Found Dead <input type="checkbox"/>	Healthy <input type="checkbox"/>
Urinary <input type="checkbox"/>	Recumbent <input type="checkbox"/>	Unknown <input type="checkbox"/>	N/A <input type="checkbox"/>
			Other <input type="checkbox"/>

Written clinical history (please continue on the next page)

I confirm that the animal does not have or is not suspected of having a notifiable disease, and that the owner / agent has given consent for tissues and photographs to be used for anonymous surveillance, educational and research purposes.

Signature of submitting vet OR administrative personnel signing on behalf of the vet:

Date:



Clinical history continued (please include management details, diet, dates of illness/deaths, treatments, vaccination status etc.)