|  |  |
| --- | --- |
| **Date of submission:** Click or tap here to enter text. | |
| **Client and Veterinary practice details** | |
| Client name & farm address  Click or tap here to enter text.  Postcode Click or tap here to enter text.  CPHH No. Click or tap here to enter text. | Veterinary practice name & address  Click or tap here to enter text.  Postcode Click or tap here to enter text. |
| Address where animals kept if different from above  Click or tap here to enter text. | Clinician name  Click or tap here to enter text.  Email for PM Report:  Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Animal(s) details** | |
| Species  Click or tap here to enter text. | Breed  Click or tap here to enter text. |
| Age (specify days/weeks/months/years)  If abortion specify age of mother.  Click or tap here to enter text. | Age category  Choose an item. |
| Sex  Choose an item. | Date of death |

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose/husbandry – please enter the main enterprise under which the affected animals are kept | | | |
| Organic production: No | | | |
| Cattle  Choose an item. | Sheep  Choose an item. | Pig  Choose an item. | All classes  Choose an item. |

|  |  |
| --- | --- |
| Reason for submission  Choose an item. | Use the box below to add details if you selected ‘other’  Click or tap here to enter text. |
| Is this the first sample from this case/outbreak?  Choose an item. | Previous lab results  Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinical history** | | | |
| Duration of clinical signs  Choose an item. | | Housing  Choose an item. | |
|
| No. of herd in flock | No. in affected group | No. affected including dead | No. died |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinical signs** | | | | | |
| Abortion  Repro  Clinical mastitis  Sub clinical mastitis | Milk drop  Malaise  Diarrhoea  GIT | Wasting/poor condition  Lameness  Musc/Skel  Recumbent | Found dead  Respiratory  Skin  Urinary | Nervous signs  Eye disease  Unknown  Healthy | N/A  Other |

|  |  |
| --- | --- |
| **Written clinical history** | **Tests** |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Animal and sample identification** | | |
| *Official animal ID*  *Sample ID* | *Type and number of samples* | *Date taken* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

Please tick the box if you DO NOT give permission for tissues to be used for anonymous surveillance, teaching and research purposes.