|  |
| --- |
| **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 & addressClick or tap here to enter text.Postcode Click or tap here to enter text. |
| Address where animals kept if different from aboveClick or tap here to enter text. | Clinician nameClick or tap here to enter text.Email for PM Report: Click or tap here to enter text. |

|  |
| --- |
| **Animal(s) details** |
| SpeciesClick or tap here to enter text. | BreedClick 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 categoryChoose 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 |
| CattleChoose an item. | SheepChoose an item. | PigChoose an item. | All classesChoose an item. |

|  |  |
| --- | --- |
| Reason for submissionChoose 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 resultsClick or tap here to enter text. |

|  |
| --- |
| **Clinical history** |
| Duration of clinical signsChoose an item.  | HousingChoose 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.