

Avian Submission Form for APHA VI Centres and Lasswade

Client's name and address

Post Code :

Address where birds kept, if different from above

Post Code :

Veterinary practice

Clinician :

Your reference

CPHH No

Flock code (if applicable)

Bird Details

Chicken Turkey Duck Goose Partridge Pheasant Other please specify :
Breed/Strain please specify : Male Female Mixed N/A

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

Breeder/parent – Layers Layers Layers (rear) Pet/Backyard/Show Game (rear) Game (breed)
Breeder/parent – Meat Broilers/Meat Wild Captive or Zoo Other (Please specify):

Type of Housing

Organic Production? Yes No Unknown
Controlled environment Pen/Barns Free range Commercial cages Other (Please specify):

Reason for Submission

Are the samples from animals (or group) showing clinical signs? Yes (Diagnostic) No (Monitoring) Other

If Other, please specify:

Has there been any previous discussion/sample submission from this case/outbreak? Yes No If yes, see below
Sample/carcass submitted Submission number Discussed by phone APHA farm visit

Clinical History

Total number in flock Number in affected group Number of affected birds (incl dead)
Age when birds placed Duration of clinical signs Number of birds died

Brief history (please append any relevant reports or photos)

continuation on page 2

Age of birds now

If appropriate, please use this table to help describe the morbidity/mortality pattern

	Mortality	Culls
Cumulative mortality		
Today		
Yesterday		
Day before		

Clinical Signs (Mark the main clinical sign with 1 and the other clinical signs with X or consecutive numbers)

Wasting/poor condition	Recumbent	Respiratory	Egg drop	Unknown
Abnormal faeces	Lameness	Skin/Feather	Egg quality	Healthy
Upper GIT signs	Musc/skel	Found dead	Poor hatchability	N/A
Vent/cloacal disorders	Nervous signs	Non-specific clinical signs	Other	

Type of examination

Post mortem examination
Bacteriology
Histopathology
Mycoplasma
Other/Project (please specify):

Bird and Sample Identification

Date sample(s)
taken or bird died

Bird/sample ID	Type and number of samples

For prices/Test codes (TC), please see <https://www.gov.uk/guidance/laboratory-test-price-lists>

Supplementary Form

Additional clinical history:

Vaccination/Treatment

ND @

IB @

IBD @

Salmonella @

Marek's @

Other @

Medicated in the 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 _____ No. of birds in batch _____

Husbandry

Feeding Ad lib Restricted

Feed type

In feed inclusions

Recent feed changes No Yes

Appetite	Same	Increased	Decreased
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Water	Same	Increased	Decreased
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Weight gain	On target	Poor	Uneven
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Ventilation system	Natural	Mechanical	
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Lighting	Natural	Artificial	(pattern and intensity)	
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Type and condition of litter			
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Heating (please specify)			
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Please tick box if samples cannot be used for anonymous surveillance or test validation purposes

DATA PROTECTION

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.