

**GPLN Private Owner (Non-Industry) Submission Form**

Consultation only by: \_\_\_\_ (AI Hotline YES NO )

*\*Required fields*

<b>*Date Submitted</b>		<b>*Date of Bird Death/Collected</b>		<b>History:</b> Please fill out as completely as possible	
<b>*Owner Name (Please Print)</b>		<b>*Address</b>		<b>Date symptoms started</b>	
<b>*Phone #</b>				<b># of other sick birds &amp; age</b>	
<b>*Email (Please Print)</b>				<b>Date Last Egg Laid (if hen)</b>	
<b>*Specimen (Select)</b>		<b>*County</b>		<b>Feed type and Brand:</b> _____	
		<b>Number of birds in flock &amp; species</b>		<b>Water Source:</b> _____	
<input type="checkbox"/> Birds (dead) <input type="checkbox"/> Birds (live)		<b>*Age/Hatch Date</b>		<b>Date of last introduction to flock</b>	
<input type="checkbox"/> Other _____		<b>Sex and Breed</b>		<b>Do your birds free range?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>*Number Submitted</b>		<b>Production Use (Select)</b>		<b>Source of bird?</b>	
<b>*Species (Select)</b> <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Duck <input type="checkbox"/> Quail <input type="checkbox"/> Other _____		<input type="checkbox"/> Pet/Exhibition/Shows <input type="checkbox"/> Eggs		<b>Clinical Signs (Select)</b>	
		<input type="checkbox"/> Meat <input type="checkbox"/> Other _____		<b>Not:</b> <input type="checkbox"/> eating <input type="checkbox"/> drinking	
<b>Necropsy and Histology (Veterinary use only)</b>		<b>Reason for submission*</b>		<input type="checkbox"/> Diarrhea	
				<input type="checkbox"/> Gaping/Gasping	
<b>Standard Necropsy</b>		<i>(Internal use only – barcode)</i>		<input type="checkbox"/> Limping	
<b>Histopathology</b>				<input type="checkbox"/> Bubbles/draining eyes	
<b>Bacteriology (Veterinary use only)</b>		<b>rDVM Information (if applicable)</b>		<input type="checkbox"/> Evidence of Predation	
<b>Aerobic</b>				<b>Vaccinations?</b> <input type="checkbox"/> Marek's	
<b>Anaerobic</b>		<b>Name/Clinic</b>		<b>Treatments administered</b>	
<b>Virology (Veterinary use only)</b>				<b>Date</b>	
<b>PCR:</b>		<b>Phone #</b>		<b>Other comments about course of disease (use back if needed)</b>	
<b>MG/MS    AI    Coryza</b>					
<b>VLT    IBV</b>		<b>Email</b>			