

GPLN Private Owner (Non-Industry) Submission Form

\*Required fields

*Date Submitted		*Date of Bird Death/Collected		History: Please fill out as completely as possible				
*Owner Name (Please Print)		*Address		Date symptoms started		# of sick birds & age		
*Phone #				Date Last Egg Laid (if hen)		Water Source (Circle) Municipal      Well		
*Email (Please Print)				Feed type (Circle)    Standard Medicated    Standard Unmedicated Home Formulated				
*Specimen (Select)		*County		Date of last introduction to flock		Do your birds free range? <input type="checkbox"/> YES <input type="checkbox"/> NO		
		Number of birds in flock & species		Source/Origin of bird?		Contact with Waterfowl? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Birds (dead) <input type="checkbox"/> Birds (live)  <input type="checkbox"/> Other _____		*Age/Hatch Date		<u>Clinical Signs (Circle)</u> Eating ( YES / NO ) Drinking ( YES / NO ) Laying ( YES / NO ) Lethargic/Drowsy ( YES / NO ) Other (not listed) _____ _____				Nasal Discharge ( YES / NO ) Gaping/Gasping ( YES / NO ) Bubbles/Draining Eyes ( YES / NO ) Diarrhea ( YES / NO ) Limping ( YES / NO ) Evidence of Predation ( YES / NO )
*Number Submitted		<u>Production Use (Select)</u>		<u>Vaccinations?</u> <input type="checkbox"/> Marek's <input type="checkbox"/> Coccidia <input type="checkbox"/> Unknown <u>Treatments administered</u> <u>Date</u>				
*Species (Select)		<input type="checkbox"/> Pet/Exhibition/Shows <input type="checkbox"/> Eggs  <input type="checkbox"/> Meat <input type="checkbox"/> Other _____						
<input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Duck <input type="checkbox"/> Quail <input type="checkbox"/> Other _____								
Sex and Breed		Reason for submission*						
<u>Necropsy and Histology (Veterinary use only)</u>		<u>rDVM Information (if applicable)</u>						
Standard Necropsy      Histopathology		Name/Clinic		Other comments about course of disease (use back if needed)				
<u>Bacteriology (Veterinary use only)</u>		Phone #  Email						
Aerobic      Anaerobic								
<u>Virology (Veterinary use only)</u>								
PCR:      MG/MS      AI      Coryza								
VLT      IBV								
Consultation only by: ____ (AI Hotline YES NO )		(Internal use only – barcode)						