

GPLN Private Owner (Non-Industry) Submission Form

Consultation only by: ____ (AI Hotline Y N)

**Required fields*

*Date Submitted		*Date of Bird Death/Collected		History: Please fill out as completely as possible	
*Owner Name <i>(Please Print)</i>		*Address		Date symptoms started	
*Phone #				# of other sick birds & age	
*Email <i>(Please Print)</i>				Date Last Egg Laid (if hen)	
		*County		Feed type and Brand: _____	
		Number of birds in flock & species		Water Source: _____	
*Specimen <i>(Select)</i>				Date of last introduction to flock	
<input type="checkbox"/> Birds (dead) <input type="checkbox"/> Birds (live) <input type="checkbox"/> Other _____				Source of bird?	
		*Age/Hatch Date		Clinical Signs <i>(Select)</i>	
		Sex and Breed		Not: <input type="checkbox"/> eating <input type="checkbox"/> drinking <input type="checkbox"/> Diarrhea <input type="checkbox"/> Not Laying <input type="checkbox"/> Gaping/Gasping <input type="checkbox"/> Lethargic/drowsy <input type="checkbox"/> Limping <input type="checkbox"/> Nasal Discharge <input type="checkbox"/> Bubbles/draining eyes <input type="checkbox"/> Other (not listed) <input type="checkbox"/> Evidence of Predation _____ _____	
*Number Submitted		<i>Production Use</i> <i>(Select)</i>			
		<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 _____		Reason for submission*	
<i>Necropsy and Histology</i> <i>(Veterinary use only)</i>					
Standard Necropsy Histopathology					
<i>Bacteriology</i> <i>(Veterinary use only)</i>					
Aerobic Anaerobic		DVM Information <i>(if applicable)</i>		Other comments about course of disease <i>(use back if needed)</i>	
<i>Virology</i> <i>(Veterinary use only)</i>		<i>Name/Clinic</i>			
PCR: MG/MS AI Coryza VLT IBV		Phone # Email			