



# CROWSHALL VETERINARY SERVICES

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## POULTRY POST MORTEM REQUEST FORM

Date of receipt: .... / .... / ....

CVS Lab Ref: .....

<u>OWNER:</u>	<b>Name:</b> .....
	<b>Address:</b> .....
<u>SITE:</u>	<b>Name:</b> .....
	<b>Address:</b> .....
<u>HOUSE:</u>	.....
<b>Number of birds submitted:</b> ..... <b>Live/dead</b>	
<b>Age:</b> ..... <b>Days/weeks</b> <b>Breed:</b> ..... <b>Sex:</b> Male/female	

Reason for submission: **(please specify)**  
High mortality/Respiratory/Scouring/Egg drop/Nervous/Lame/other.....

<u>CLINICAL HISTORY:</u>	.....
(Describe signs, number affected etc.)	.....

<u>MORTALITY:</u>	<b>To date:</b> .....	<b>Today:</b> .....
<b>Last week:</b>	...../...../...../...../...../...../...../...../	
<b>Number of birds in house:</b>	.....	<b>On farm:</b> .....

<u>TREATMENT HISTORY:</u>	
<b>What given?</b> .....	<b>When:</b> .....

<u>VACCINATION HISTORY:</u>	.....
	.....

<u>FEED HISTORY:</u>	<b>BOCMPAULS/ABN/FAVOR PARKER/ DUFFIELDS/ALLEN AND PAGE/OTHER(Specify).....</b>
<b>Feed quality:</b>	.....
<b>Any recent changes</b>	.....

<u>ANY OTHER RELEVANT INFORMATION?:</u>	.....
	.....
	.....