

# Farm Animal PME Submission Form

WVSC reference:	WVSC USE ONLY
Date received:	WVSC USE ONLY

**PLEASE COMPLETE ALL SECTIONS WHEN SUBMITTING CARCASSES FOR POSTMORTEM EXAMINATION**

**CLIENT'S NAME & ADDRESS**

Postcode:	
CPHH:	

Address where animals kept, if different from above:

CPHH:		Postcode:	
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**VETERINARY PRACTICE**

Email(s) for results:	
Clinician:	
& Mobile No:	

**ANIMAL DETAILS** (If submitting a foetus and placenta for an abortion investigation, please provide details of the dam, not the foetus)

Species:	
Breed:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/> Castrate <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown <input type="checkbox"/>

Age:	_____ Days / Weeks / Months / Years (delete as appropriate)		
Age Category:	Neonatal (< 1wk) <input type="checkbox"/>	Pre-weaned <input type="checkbox"/>	Post-weaned <input type="checkbox"/>
	Adult (>12m, or >6m for pigs) <input type="checkbox"/>	Mixed <input type="checkbox"/>	Unknown <input type="checkbox"/>

<b>Organic Production:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> In Transition <input type="checkbox"/>
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**PURPOSE / HUSBANDRY** (Please enter the main enterprise for affected animals) - For birds, please use the WVSC Avian PME Submission Form.

<b>Cattle</b>	Dairy <input type="checkbox"/> Suckler <input type="checkbox"/> Beef Finisher <input type="checkbox"/> Calf Rearer <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> (please specify below)
<b>Sheep / Goat or Camelid</b>	Hill/Upland <input type="checkbox"/> Lowland <input type="checkbox"/> Lamb finisher <input type="checkbox"/> Dairy <input type="checkbox"/> Meat (goat) <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> (please specify below)
<b>Pig</b>	Weaner/grower producer (breeding) <input type="checkbox"/> Breeder-finisher <input type="checkbox"/> Gilt Unit <input type="checkbox"/> Nursery <input type="checkbox"/> Nursery-finisher <input type="checkbox"/> Finisher <input type="checkbox"/> Boar Stud <input type="checkbox"/> Captive/Pet <input type="checkbox"/> Wild <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> (please specify below)
<b>Other (please specify):</b>	e.g. pet, zoo, fibre

**REASON – WERE THESE ANIMALS SHOWING CLINICAL SIGNS?**

Yes (Diagnostic) <input type="checkbox"/> No (Monitoring) <input type="checkbox"/> Other <input type="checkbox"/>
If other, please state reason:

**IS THIS THE FIRST SAMPLE SUBMITTED FROM THIS CASE/OUTBREAK?**

Yes <input type="checkbox"/>	
No <input type="checkbox"/>	Previous case ref. if applicable:

**CLINICAL HISTORY**

Total no. in herd / flock	No of breeding females	No. in affected group	No. affected (including dead)	No. died

**DURATION OF SIGNS**

0 - 3 days	<input type="checkbox"/>
4 days – 2 weeks	<input type="checkbox"/>
> 2 weeks	<input type="checkbox"/>
unknown	<input type="checkbox"/>

**HOUSING**

Housed	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>
Mixed	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

**CLINICAL SIGNS** (Please rank in order of importance e.g. 1 = main clinical sign)

Abortion <input type="checkbox"/>	Sub-clinical mastitis <input type="checkbox"/>	GIT – not diarrhoea <input type="checkbox"/>	Muscular / Skeletal <input type="checkbox"/>	Skin <input type="checkbox"/>	Unknown <input type="checkbox"/>
Stillbirth <input type="checkbox"/>	Milk-drop <input type="checkbox"/>	Wasting / poor condition <input type="checkbox"/>	Recumbent <input type="checkbox"/>	Urinary <input type="checkbox"/>	Healthy <input type="checkbox"/>
Reproduction <input type="checkbox"/>	Malaise <input type="checkbox"/>		Found dead <input type="checkbox"/>	Nervous signs <input type="checkbox"/>	N/A <input type="checkbox"/>
Clinical Mastitis <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Lameness <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Eye disease <input type="checkbox"/>	Other <input type="checkbox"/>

**WRITTEN CLINICAL HISTORY** - include management details, diet, dates of illness/deaths, treatments, vaccination status etc.

For pig submissions where appropriate, please also complete Pig PME Supplementary History Form

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Please continue over-page

**ANIMAL IDENTIFICATION** (Please continue over-page or use a paginated supplementary sheet if required)

Official Animal ID / Sample ID	Type & number of carcasses
	Date animal(s) died:

Please tick this box if samples cannot be used anonymously for research and/or test development

**DATA PROTECTION:** Any information given on this form regarding samples submitted for post-mortem examination may be shared with the APHA as part of the government surveillance network. For further information on how we handle personal data please read our privacy notice at [www.wvsc.wales](http://www.wvsc.wales)

# SUPPLEMENTARY

WRITTEN CLINICAL HISTORY (*continued*) – include management details, diet, dates of illness/deaths, treatments, vaccination status etc.