VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Virginia Regional Animal Health Laboratories

Harrisonburg 540-209-9110	**Ivor** 757-859-6221	**Lynchburg** 434-200-9988
Richmond Office 804-786-9202	**Warrenton** 540-347-6385	**Wytheville** 276-228-5501

Date Stamp

****LAB USE ONLY****
Accession Number
_____
Receipt #_____
Amount Paid $_____

Poultry Necropsy Request Form

Fill Completely

Submitter Information

Veterinarian/Submitter_____
Clinic/Business _____
Address

City _____ State_____Zip

Phone _____ Fax

Email

Owner Information

(If billing owner, information must be filled in completely)

Name_____
Business Name _____
Address _____
City _____ State_____Zip _____
Phone _____ Fax _____
Email _____

Bill Owner? (Y/N) _____ Send owner copy? (Y/N) _____

Number & Type of Specimens:_____

Specific Test Request: _____

Species/Production Class

- □ Turkey
  - □ Breeder
  - □ Meat
- □ Chicken
  - □ Breeder
  - □ Layer
  - □ Meat
- □ Other
  - □ _____

Flock Information:

Breed_____
Age_____(D or W) Sex_____
Flock ID_____
House #/ID_____
County in which birds are located:
_____
at Ranch/Farm_____
in House_____
% or # Sick_____
% or # Mortality_____(D/W/M)

Vaccination History (Age/Date)

AI	_____
Marek's	_____
NDV	_____
IBV	_____
IBDV	_____
AE	_____
Pox	_____
MG	_____
HE	_____
B. avium	_____
ILT	_____
Avibacterium	_____
ORT	_____
Other	_____

History

History (clinical signs, nutrition, housing, treatment, production level, etc. Use next page if more space is needed.):

_____

_____

_____

Disease (s) or condition (s) suspected: _____

Medication (s) (type & when given): _____

SIGNATURE OF SUBMITTER:_____ DATE_____

CONTINUATION SHEET

Accession Number _____

History (continued) _____

ANIMAL IDENTIFICATION (please use for multiple animal submission)

Animal ID/Name	Breed	Sex (F/M)	Age	Qty	Specimen Type	Tests Requested