

Mammalian Submission Form

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Accession _____
No. _____
Data Entry _____
Case Coordinator _____
Date Submitted _____

FOR LABORATORY USE ONLY

Owner: _____

Farm/Business: _____

Address: ___ County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX: _____ US Mail

Vet/Field Agent: _____

Business: ___ Address: _____ County: _____ Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Bill to: Owner Vet Practice Submitter

Other

Account number: _____

Animal Information: Name/ID: _____

Bovine (cow) Caprine (goat) Cervine (deer/elk)

Equine (horse) Ovine (sheep) Porcine (pig)

Camelid (llama/alpaca) Other _____

Age: _____ Adult Juvenile Fetus

Date of Death: _____ Natural Destroyed

Breed: _____

Sex: _____

Production _____

Type: _____

Submitter: Danielle Snyder, DVM

Business: Borzoi Health and Welfare Foundation

Address: 660 Twilla Trail

County: Azle, TX 76020 Parker County

Phone: 817-909-0817

Report Distribution: Do not send

E-mail: VP@BorzoiHealth.org

FAX: _____ US Mail

Other: _____

Business: _____ Address: _____ County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Specimen Information:

COLLECTION DATE _____

(*Indicate no. submitted)

Animal/Fetus _____

Serum/clotted blood _____

Anticoagulated blood _____

Feces _____

Fluid (type) _____

Head only _____

Tissue, Fixed _____

Tissue Fresh _____

Other _____

Additional Animal Information:

Name	Age	Sex	Name	Age	Sex

Select One:

Necropsy or test at laboratory discretion: Indicate level of testing desired

Tier 1

Tier 2, please choose one:

I do not want testing beyond Tier 2

I approve testing beyond Tier 2. Additional testing is charged per test.

If no preference is marked, testing will be done at the discretion of the pathologist

History:

Perform only test(s) requested: please proceed to page 3 for test selection

A submission of specimens for diagnostic purposes constitutes your acknowledgement that some tests may be performed at other laboratories

Bacteriology/Mycology

- Aerobic culture
- Anaerobic culture
- C. perfringens toxin typing
- Clostridium spp. FA (Blackleg screen)
- E. coli
- Fungal culture
- Johne's (M. avium paratuberculosis)
 - PCR
 - Culture
- Leptospira sp. PCR
- Salmonella
- Sensitivity testing
- Other _____

Histopathology H&E Other

Parasitology

- Cryptosporidium ELISA
- Giardia ELISA
- Lungworm
- Fecal Flotation (McMaster)

Serology

- Bovine Viral Diarrhea Virus SN (antibody)
- Infectious Bovine Rhinotracheitis Virus SN
- Equine Herpes Virus 1 SN
- Brucellosis
- Swine Influenza Virus HI
- Bovine Leukosis Virus ELISA
- Johne's ELISA
- Neospora ELISA
- Parainfluenza 3 Virus HI
- Other _____
- Bovine Pre-purchase Panel (BLV, pi BVD, Johne's, Neospora)
- Bovine Respiratory Panel (BVD, BRSV, IBR, PI3)
- Bovine Reproductive Panel (BVD, IBR, Leptospira, Neospora)
- Porcine Reproductive Panel (Leptospira, Parvovirus, PRRS, Pseudorabies)

Toxicology

- Minerals (Complete)
- Minerals (Nutritional screen)
- Mycotoxins (foodstuffs only)
- Selenium
- Vitamin E
- Other _____

Virology Please inquire for additional tests not listed below

BVDV: Ag ELISA (serum or Fresh ear notch) pi Microplate VI PCR PCR Pooled

Chlamydophila spp. PCR

Coronavirus Bovine (enteric or respiratory) Porcine (enteric or respiratory)

Equine Herpesvirus PCR (EHV 1) VI (EHV 1, 4) PRRS PCR VI

Infectious Bovine Rhinotracheitis PCR VI Rabies

Parainfluenza Virus VI Rotavirus ELISA (feces)

Porcine Circovirus PCR VI Swine Influenza PCR

Porcine Parvovirus PCR VI TGEV PCR

Other _____

Submission forms and additional information are available at
<https://borzoihealth.org/valentines-fund>