

# BACKYARD POULTRY SUBMISSION GUIDELINES

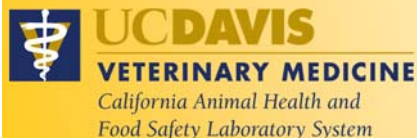
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CAHFS provides specialized necropsy examinations for birds from backyard flocks. For the purposes of this program, a “backyard flock” is defined as chickens, turkeys, squabs and water fowl of less than 1,000 birds in the flock. Up to two birds may be examined for \$25 (shipping fees apply).

It does NOT include pet birds, quail, pheasants, racing pigeons, etc. Standard fees apply for these species.

Note: Bird carcasses may be kept refrigerated for no more than three days prior to shipment. Please do not freeze the bird as freezing interferes with the necropsy examination.

To ship a dead bird from a backyard flock for necropsy, the following items will be needed:

- Submission form
- Two (2) plastic bags (trash bags are suitable)
- Ziploc type or waterproof bag for paper work
- Cold packs, frozen
- Absorbent packing material such as newspaper or paper towels
- Cardboard box (insulated preferred)
- Packaging tape

Packaging instructions:

1. Complete the submission form and place in a Ziploc type bag *separate* from the carcass.
2. Place the bird carcass in a plastic trash bag and tightly seal the bag to prevent leakage.
3. Add frozen cold packs (NO ICE CUBES!) to a second plastic trash bag. Place the bag containing the carcass into the bag with the cold packs and seal carefully to prevent leakage.
4. Add newspaper or paper towels to the box to absorb any moisture and prevent the box from getting soggy while in transit.
5. Put the Ziploc bag with the submission form in the box.
6. Seal the box with packaging tape and ship for Next Day delivery via FedEx, UPS, or similar overnight delivery service. DO NOT send by the U.S. Postal Service. Packages must be shipped to arrive at the laboratory on a weekday.

Reporting results:

We highly recommend having a veterinarian involved in your case as CAHFS does not provide treatment, management or disease prevention recommendations.



FOR MORE INFO VISIT: <https://cahfs.vetmed.ucdavis.edu/>

**For Lab Use Only**

Accn #  Rec'd by: \_\_\_\_\_

Case Coordinator: \_\_\_\_\_ Accn Type: \_\_\_\_\_

# of Samples: \_\_\_\_\_ Date rec'd: \_\_\_\_\_ Section: \_\_\_\_\_

Paid:  \_\_\_\_\_ Carrier: \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Ranch \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Bill to:  Vet  Clinic  Owner  Other \_\_\_\_\_

Report to:  Vet  Clinic  Owner \_\_\_\_\_

If UC Recharge Acct # (required): \_\_\_\_\_

Add'l Copy to: \_\_\_\_\_

Bill to address if different than above: \_\_\_\_\_ Preferred reporting method:  fax,  email, and/or  mail

Email notification of sample receipt? Yes

Sample Reference \_\_\_\_\_ Date sample(s) collected \_\_\_\_\_ Date sample(s) shipped \_\_\_\_\_

- Cattle  Turkey
- Horse  Chicken
- Swine  Psittacine
- Sheep  Goat
- Rabbit  Plant or Feed
- Other \_\_\_\_\_

If testing for animal movement please specify:

- Domestic  Export out of U.S.

Animal being shipped to: \_\_\_\_\_

(Specify test methods below) Destination / Date of Shipment

Current Location of Animal(s) \_\_\_\_\_

(county, state)

Production Class \_\_\_\_\_

(i.e. beef, dairy, calf ranch, etc.)

#in herd/flk	
#in group/hse	
#sick	
#died	

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

Duration of Illness: \_\_\_\_\_ Date of death: \_\_\_\_\_ Euthanized? Yes  Method/Agent used: \_\_\_\_\_ Insured? Yes  No

(continue on next page if necessary)

Disease(s) or condition(s) suspected: \_\_\_\_\_

Treatments/Medications (type & when given): \_\_\_\_\_

**Animal/Specimen Information (continue on back)**

Lab Use	Animal Name/Specimen ID	Breed	Sex (F/M)	Age in Units (days, weeks, months, years)	Qty	Specimen Type	Test(s) Requested

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I understand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples submitted to CAHFS, will be treated as confidential information consistent with applicable legal standards, including, but not limited to, California Business and Professions Code section 4857 and Evidence Code section 1040. Such confidential information will not be divulged to third parties without written consent of the client, except when required by law, which includes requirements that test results be provided to regulatory agencies. University, its officers, employees, and agents shall not be accountable for any loss, expense (including attorneys' fees), damage, or liability of any kind resulting from or arising out of services provided hereunder unless caused by negligent or willful acts or omissions by University, its officers, employees, or agents.

**Signature of Submitter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

