

BACKYARD POULTRY SUBMISSION GUIDELINES

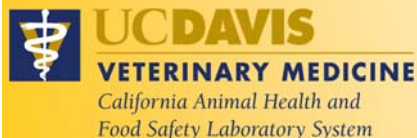
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CAHFS provides specialized necropsy examinations for birds from backyard flocks. For the purposes of this program, a “backyard flock” is defined as chickens, turkeys, squabs and water fowl of less than 1,000 birds in the flock. Up to two birds may be examined for \$20 (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 [] Domestic [] Export out of U.S.
[] Horse [] Chicken
[] Swine [] Psittacine
[] Sheep [] Goat
[] Rabbit [] Plant or Feed
[] Other _____
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.)

Table with 2 columns and 4 rows: #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 []
Disease(s) or condition(s) suspected: _____
Treatments/Medications (type & when given): _____

Animal/Specimen Information (continue on back)

Table with 8 columns: 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.

Signature of Submitter: _____ Date: _____

