

BACKYARD POULTRY SUBMISSION GUIDELINES

CAHFS - Davis Laboratory
University of California
620 W. Health Sciences Drive
Davis, CA 95616
Phone: 530-752-8700
Fax: 530-752-6253
daviscahfs@ucdavis.edu

CAHFS - San Bernardino Laboratory
105 W. Central Avenue
San Bernardino, CA 92408
Phone: (909) 383-4287
Fax: (909) 884-5980
sanbernardinocahfs@ucdavis.edu

CAHFS - Tulare Laboratory
18760 Road 112
Tulare, CA 93274
Phone: (559) 688-7543
Fax: (559) 688-2985
tularecahfs@ucdavis.edu

CAHFS - Turlock Laboratory
1550 Soderquist Rd.
Turlock, CA 95380
Phone: (209) 634-5837
Fax: (209) 667-4261
turlockcahfs@ucdavis.edu

Web Site:
<https://cahfs.vetmed.ucdavis.edu/>



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 (plus a completed copy to place in envelope outside of box)
- 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 (see #5 below).
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 soiled while in transit.
5. Put the Ziploc bag with the submission form in the box at the top opening of the container and **separate** from the carcass. If able, please tape an additional copy of the submission form outside of the box in an envelope in order for CAHFS personnel to easily identify what is in the box prior to opening.
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.



California Animal Health & Food Safety Laboratory System

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

For Lab Use Only

Accn # [] Rec'd by: _____

CC: _____ 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: 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)

Treatments/Medications (type & when given): _____

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

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

CAHFS, Davis
University of California, Davis
620 W. Health Sciences Dr
Davis, CA 95616
General Info: (530) 752-8700
FAX (530) 752-6253

CAHFS, Turlock
University of California, Davis
1550 N. Soderquist
Turlock, CA 95380
General Info: (209) 634-5837
FAX (209) 667-4261

CAHFS, Tulare
University of California, Davis
18760 Road 112
Tulare, CA 93274
General Info: (559) 688-7543
FAX (559) 688-2985

CAHFS, San Bernardino
University of California, Davis
105 West Central Avenue
San Bernardino, CA 92408
General Info: (909) 383-4287
FAX (909) 884-5980

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. Client information and test results are automatically provided to the veterinarian listed on the submission form. This 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: _____

