Acon # Rec'd by: Rec'd b							<u> </u>	For Lab Use Only	
FOR MORE INFO VISIT: https://cahtx-vetmed.ucdavis.edu/ Veterinarian's Name Owner Name Ranch Address City State Zip City State Zip Phone Fax Phone Fax Email Bill to: Clinic Owner Other Ut C Recharge Acct # (required): Bill to address fd different than above: Email to Cattle Turkey Horse Other Intravey Horse Othicken Sweep Goat Sweep Goat Rabbit Plant or Feed Ranch Address Sheep Goat Rabbit Plant or Feed Report to: Collinic Owner of Sweep Wet State Rabbit Plant or Feed Report to: Sweep Sweep Wet Sweep Swee	<u>_</u>	7 LICDAVIS							
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# of Samples:	FOR	,	5 5						:
Veterinarian's Name	1011	MORE IN O VISIT: https://cam	is.vetinea.acaavi	<u>3.cuu/</u>					
Veterinarian's Name							# of Samples:	Date rec'd: Sec	ction:
Clinic Name							Paid: 🔲	Carrier:	
Clinic Name	Vete	rinarian's Name				Owner	Name		
Address City State Zip City State Zip Phone Fax Phone Fax Phone Fax Phone Fax Phone Fax Phone Fax Phone Fax Phone Fax Phone Fax Email Report to: Clinic Owner Other Gallicrinia, Davis Gallornia, Davis Gallicrinia, Davis Galdicrinia, Davis Galdic						Ranch			
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Bill to: Clinic Owner Other Report to: Clinic Owner									
Preferred reporting method: _ fax, _ email, and/or _ mail Email notification of sample receipt? Yes _									
Sample Reference									
Sample Reference	Bill t	o address if different than	above:				Preferred reportin	g method: □ fax, □ ema	il, and/or □ mail
Cattle Turkey							Email notification	of sample receipt? Yes	S □
Horse Chicken Domestic Export out of U.S. #In nerd/lik #in group/hse Swine Psittacine (Specify test methods below) Destination Date of Shipment #sick #died Sheep Goat Current Location of Animal(s) (county, state) #died Other Production Class (i.e. beef, dairy, calf ranch, etc.) 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 Treatments/Medications (type & when given): Disease(s) or condition(s) suspected: Animal/Specimen Information (continue on back) (days, weeks, months, years) Oty Specimen Type Test(s) Requested Lab Use Animal Name/Specimen ID Breed (F/M) Specimen Type Test(s) Requested CAHFS, Davis CAHFS, Turlock University of California, Davis University	Sam	ple Reference		Date	e sample(s) col	lected_	Date	sample(s) shipped	
Horse Chicken Domestic Export out of U.S. #in group/hse Swine Psittacine (Specify test methods below) Destination / Date of Shipment #sick #died		Cattle □ Turkey	If testing t	for anim	al movement p	olease s	pecify:	#in herd/flk	
Sheep Goat Current Location of Animal(s) #sick #died #died #sick #sick #died #sick #died #sick #died #sick #died #sick #died #sick #sick #died #sick #sick #sick #died #sick #sick #sick #died #sick	□ H	lorse □ Chicken	□ Do	omestic	□ Export out o	of U.S.		#III IIeIQ/IIK	
Sheep Goat Rabbit Plant or Feed Production Class (county, state) #died #died #died	□ \$	Swine Psittacine						#in group/hse	
Rabbit Plant or Feed Production Class (county, state) (died (county, state) (died (county, state) (died (died (county, state) (died	⊓ 5	Sheep □ Goat	(Specify test	methods b	pelow) Dest	ination	/ Date of Shipment	#sick	
County, safe #died		•	Current L	ocation	of Animal(s)			#310K	
(i.e. beef, dairy, calf ranch, etc.) 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			Productio	n Class			(county, state)	#died	
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	Unive	rsity of California, Davis	University of Califo		5	Universit	y of California, Davis	University of Californ	ia, Davis

C U General Info: (530) 752-8700 FAX (530) 752-6253

General Info: (209) 634-5837 FAX (209) 667-4261

General Info: (559) 688-7543 FAX (559) 688-2985

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.

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			An	imal/Specimen e use for multiple a	Infor	mation	
			(pieas		nimai s	submission)	
Lab Use	Animal Name/Specimen ID	Breed	Sex (F/M)		Qty	Specimen Type	Test(s) Requested
Lab Use	Animal Name/Specimen ID	Breed	Sex	Age in Units (days, weeks, months, years)			Test(s) Requested
Lab Use	Animal Name/Specimen ID	Breed	Sex				Test(s) Requested
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Lab Use	Animal Name/Specimen ID	Breed	Sex				Test(s) Requested