



UC DAVIS
VETERINARY MEDICINE

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 _____ Clinic Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____ Bill to: <input type="checkbox"/> Clinic <input type="checkbox"/> Owner <input type="checkbox"/> Other _____ <input type="checkbox"/> If UC Recharge Acct # (required): _____ Bill to address if different than above: _____	Owner Name _____ Ranch _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____ Report to: <input type="checkbox"/> Clinic <input type="checkbox"/> Owner <input type="checkbox"/> Add'l Copy to: _____ Preferred reporting method: <input type="checkbox"/> fax, <input type="checkbox"/> email, and/or <input type="checkbox"/> mail Email notification of sample receipt? Yes <input type="checkbox"/>
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Sample Reference _____	Date sample(s) collected _____	Date sample(s) shipped _____								
<input type="checkbox"/> Cattle <input type="checkbox"/> Turkey <input type="checkbox"/> Horse <input type="checkbox"/> Chicken <input type="checkbox"/> Swine <input type="checkbox"/> Psittacine <input type="checkbox"/> Sheep <input type="checkbox"/> Goat <input type="checkbox"/> Rabbit <input type="checkbox"/> Plant or Feed <input type="checkbox"/> Other _____	If testing for animal movement please specify: <input type="checkbox"/> Domestic <input type="checkbox"/> Export out of U.S. Animal being shipped to: _____ <small>(Specify test methods below) Destination / Date of Shipment</small> Current Location of Animal(s) _____ <small>(county, state)</small> Production Class _____ <small>(i.e. beef, dairy, calf ranch, etc.)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">#in herd/flk</td><td style="width: 50%;"></td></tr><tr><td>#in group/hse</td><td></td></tr><tr><td>#sick</td><td></td></tr><tr><td>#died</td><td></td></tr></table>	#in herd/flk		#in group/hse		#sick		#died	
#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:** _____

[illegible]

Animal/Specimen Information <i>(please use for multiple animal submission)</i>
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[illegible]