Handover Submission Form

Office Use Only

Operator:	Submission No. **31-**
Date:	Invoice No.
Time of Call:	

Veterinary Practice Details

Caller Name (Vet):

Caller Contact Number:

Main Practice Name:

Main Practice Address:

Main Practice Post Code:

Main Practice Email Address:

Farm Details

Owner's Name:

Farm Name:

Farm Address:

Farm Post Code:

CPHN (County Parish Holding Number):

Telephone Number:

Age Block

Submission Species:

Submission Breed:

Sex: **Male** ☐ **Male Cast.** ☐ **Female** ☐ **Mixed** ☐ **N/A** ☐ **Neuter M** ☐ **Neuter F** ☐

Age: **Estimate?** ☐

Animal Identifier e.g. ear tag:

Case Details

What is the Primary Purpose (dairy; meat; other)?

Type of Housing (housed; outdoor; other):

Organic Status: **Organic:** ☐ **Non-Organic:** ☐ **In Transition:** ☐ **Unknown:** ☐

Date of Death: **Time of Death:** **Euthanised?** ☐

Animal(s) Died at Farm or Elsewhere? **Carcase at Farm?** ☐

Is This a Single Case or an Outbreak?

If an Outbreak, How long since the first case?

Storage (dead; live): **Temp:**

Reason for Submission (surveillance; private; targeted): Surveillance

Previous Submission:

BTV Assessment

Due to increased cases of Bluetongue Virus (BTV) please consider any clinical signs that may be relevant (Ruminants Only):

Are there any cases of Blue Tongue Virus on the Farm/Premises?	Yes ☐	No ☐
Are you currently awaiting BTV Testing Results for this Farm/Premises?	Yes ☐	No ☐
Are there clinical signs consistent with BTV in the animals on this Farm/Premises?	Yes ☐	No ☐

If notifiable disease is suspected the DEFRA Rural Services Helpline 0300 200301 should be contacted, and submission for post-mortem should not proceed until APHA has authorised.

Clinical Signs

What clinical signs did the animal present prior to death?

Sign 1

Sign 2

Sign 3

How Long Have the Clinical Signs Been Going on For?

0-3 Days ☐ **4-Days - 2 Weeks** ☐ **>2 Weeks** ☐ **Unknown** ☐ **Other:**

What is the Total Number in the Herd/Flock?

Number of Animals in the Affected Group (along with submitting animal):

Number of Animals within Affected Group with Similar Disease/Signs (including dead):

Total Number of Animals that died with Similar Disease/Signs:

If Sudden Death Is Reported, Has Anthrax Been Excluded? Tick to confirm: ☐

If respiratory signs/camelid >6 months old, is this animal from a known high Tb risk area? Yes ☐ No ☐

Are You Concerned This May Present a Serious Risk to Animal or Human Health? (Zoonosis): Yes ☐ No ☐

Treatment

Is There Any Pre-Existing Diagnosis?

Has the Animal Had Any Recent Treatment (antibiotics; none; other medical; surgical; unknown; vaccination)?

If Yes, Who Administered It (vet; owner; other)?

Triage *(Office Use Only)*

Number of Carcases in Submission:

Sample Type (carcase dead; carcase alive; foetus trimester 1/2/3):

Date of Arrival:

Time of Arrival (approx):

Triage Scoring System Result (surveillance; private):

Other Relevant Information:

Please tick box if samples **cannot** be used for anonymous surveillance or test validation purposes ☐