

Handover Submission Form

Office Use Only

Operator:
Date:
Time of Call:

Submission No.
Invoice No.

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	Name of the Farmer:
	Farm Name:
	Farm Address:
	Farm Post Code:
	CPHN (County Parish Holding Number):
	Telephone Number:

Age Block	Submission Species:
	Submission Breed:
	Sex of the Animal (male; male castrated; female):
	Age (estimated/known):
	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; not organic; unknown):
	When Did The Animal Die?
	Animal(s) Died at Farm Address or Elsewhere?
	Is This a Single Case or an Outbreak?
	If an Outbreak, How Long Has It Been Going On?
	Storage (dead; live):
	Reason for Submission (surveillance; private; targeted):
	Previous Submission:

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Clinical Signs

What are the Presenting Signs?

Sign 1

Sign 2

Sign 3

How Long Have the Clinical Signs Been Going on For?

What is the Total Number in the Herd/Flock?

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

Number of Animals Affected with Similar Disease/Signs:

Number of Animals Died from Similar Disease/Signs:

If Sudden Death Is Reported, Has Anthrax Been Excluded?

Are You Concerned This May Present a Serious Risk to Animal or Human Health?

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: