

New Jersey Department of Agriculture Division of Animal Health

Animal Health Diagnostic Laboratory www.state.nj.us/agriculture

Lab Use Only
Accession #
Date:
Section:

Telephone: (609) 406-6999

Fax: (609) 671-6414

(Specimens submitted for testing become property of the laboratory and may be tested as part of Federal or State surveillance programs. Please contact the laboratory to discuss if private cremation of animal remains is desired.)

CANINE INFLUENZA SUBMISSION FORM

| * mandatory information necessary to process sample | | | | | | | | | | |
|--|---|-------------------------------|---|----------------------------|-----------------|-----------------|--|--|--|--|
| *Veterinarian Name: | | | | | | | | | | |
| *Clinic Name: | | | | | | | | | | |
| *Mailing Address: | | | | | | | | | | |
| *City, State and Zip Code: | | | | | | | | | | |
| *Telephone #: () | | | | Fax #: () | | | | | | |
| | | | | | | | | | | |
| *Animal Owner's Name: | | | | | | | | | | |
| *Street Address: | | | | | | | | | | |
| *City, State and Zip Code | | | | | | | | | | |
| Telelphone #: () | | | | | | | | | | |
| *Name of Animal: | | | | | | | | | | |
| Is animal usually housed a | Is animal usually housed at owner's address above? Yes No | | | | | | | | | |
| If "no", please indicate address where animal is usually housed: | | | | | | | | | | |
| Please indicate animal's re | ecent travel hist | ory, if applicab | ole. Please inc | clude recent time spent at | kennel or anima | al shelter. | | | | |
| Circle appropriate info: | | intact male | | neutered male | | | | | | |
| intact female: (pregnant) | | intact female: (not pregnant) | | | spayed female | | | | | |
| Age: | | Breed: | | | Color: | | | | | |
| Other ID information: | | | | | | | | | | |
| Status of Animal | Live | | Euthanized | | Dead | | | | | |
| | | | Date euthani | zed: | Date of dea | th: | | | | |
| Date of Onset of Illness: | | | Date of Initial Veterinary Examination: | | | | | | | |
| Signs Observed: | wheezing | | coughing | sneezing | | nasal discharge | | | | |
| fever | depression | | anorexia | labored bre | eathing | other: | | | | |
| If coughing, describe type and duration of cough: | | | | | | | | | | |
| Type(s) of Treatment: | | antibiotics | | bronchodilators | fluids | mucolytics | | | | |
| Other: | | | | | | | | | | |

| Laboratory Specimens Collect | : blood | | tissue | swab | | | | | |
|---|----------|--------------------------------|---|--------|--|--|--|--|--|
| Date Specimens Collected: | Lab to w | Lab to which specimen(s) sent: | | | | | | | |
| Vaccination History | | | | | | | | | |
| Is animal vaccinated (please circle one): | | es No | Unknown | | | | | | |
| Vaccination: Date of Vaccination: | | n: | Vaccination Given by: (circle appropriate info) | | | | | | |
| Distemper | | vet | owner | other: | | | | | |
| Adenovirus | | vet | owner | other: | | | | | |
| Hepatitis | | vet | owner | other: | | | | | |
| Parainfluenza | | vet | owner | other: | | | | | |
| Parvovirus | | vet | owner | other: | | | | | |
| Rabies | | vet | owner | other: | | | | | |
| Coronavirus | | vet | owner | other: | | | | | |
| Lyme | | vet | owner | other: | | | | | |
| Leptospirosis | | vet | owner | other: | | | | | |
| Bordetella bronchiseptica | | vet | owner | other: | | | | | |
| How long has the owner had the | animal? | <u>-</u> | | | | | | | |
| Where did the owner aquire the | animal? | | | | | | | | |
| Was the animal exposed to othe | Yes | | No | | | | | | |

Yes

Species:

Species:

Species:_

Species:_

Yes

No

No

Number:

Number:_

Number:_

Number:_

Please circle one:

Canine Influenza PCR (swab)

HI serology (serum)

canine influenza specific

AGID Serology (serum)

type A Influenza specific

Are there other animals at this location?

Are any of the other animals sick?

If yes, please list species and number sick:

Species:

Species:

If yes, please list species and number of each species:

Number:___