

POST-MORTEM POULTRY SUBMISSION FORM

Client Details			
Name		Company Name	
Cell No		Farm Name	
Email Address		District	
Results to Email		GPS Co Ordinates	
Feed Source		State Vet Area	
Private Vet		Private Vet Email	

Post-Mortem Bird Info				
Bird Type & Breed (Ex. Broiler, Ross)	Flock ID (Flock/Site)	House	Age (d/w)	No of Birds Submitted & (L)ive or (D)eceased

History/Comments/Special Requests						
House Type (✓):	Open	CE	Cage	Floor	Free Range	Other:
Chick Source:	Mortality Pattern (%):			Egg Production Drop (%):		
Symptoms/Other Info:						
Sender/Owner		Sign		Date		

Agreement: By signing this document you agree to pay the fee for the tests conducted according to the requisition of the veterinarian performing the post-mortem analysis. If a quote is needed before commencement of the tests, you have a right to request it when you submit this form.