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REPORT DETAILS

OWNER DETAILS

ANIMAL INFORMATION

PRACTICE NAME: _____
 REF VET NAME: _____
 ACCOUNT NO: _____

NAME + ADDRESS: _____

 PHONE: _____
 FAX: _____
 E-MAIL: _____

LOCATION: _____
 SPECIE: _____
 SCIENTIFIC NAME: _____
 IDENTIFICATION TYPE (Microchip/Eartag) _____
 AGE: Adult Sub Adult Juvenile Neonate Fetus
 GENDER M F

SAMPLE:
 URGENT ROUTINE

RESULTS:
 EMAIL FAX PHONE

COLLECTION DATE: _____

WILDLIFE PATHOLOGY SUBMISSION

SAMPLES SUBMITTED

Post Mortem V4290 Culture V4290 Serology V4290 Parasitology V4290 Micronutrients V4290
 Histopathology V4290 Cytology V4253 PCR V4290 Toxicology V4290 Water V4290

LOCATION TYPE

National Park Private Reserve Game Farm Breeding Facility Marine Park
 Rehabilitation Centre Boma Zoo Sea River
 Other _____ GPS Coordinates: _____

DEATH CIRCUMSTANCES

Found dead Found alive and died Treated and died Capture or Release Euthanased

HISTORY:

Previous Health History:

Environmental Conditions:

MICROBIOLOGY V4290 MINERAL ANALYSIS V4290 PARASITOLOGY V4290 TOXICOLOGY V4290 PCR (Agent) V4290

Culture & Sensitivity
 Anaerobic culture
 Fungal culture
 Blood culture

LIVER
 Selenium Copper Iron Zinc Manganese Chromium
BLOOD
 Selenium Copper Calcium Phosphate Magnesium Electrolytes

Parasite ID
 Fecal flotation
 Blood parasite

Pesticides
 Alkaloids
 Mycotoxin
 Heavy Metals
 Other