

# Multi-Animal Livestock Form

**Office Use Only**
*Opened by* \_\_\_\_\_

 DropOff    Courier    FedEx  
 UPS        Other  
 Ice         RT

*Notes*  
 \_\_\_\_\_  
 \_\_\_\_\_

**Bill to:**    Vet        Owner

**Report to:**    Vet        Owner

**Veterinarian**
**Owner**

 Name \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Date \_\_\_\_\_

 Owner \_\_\_\_\_  
 Business/Premise ID \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Physical Address of animal (if different from above) \_\_\_\_\_

**Species:**    Bovine    Ovine    Caprine    Other \_\_\_\_\_

 BVDV ELISA / serum / ear notch  
 BVDV PCR - individual / ear notch  
 BVDV PCR - pooled / ear notch  
*Brucella ovis* ELISA / serum  
 Johne's ELISA / serum  
 Johne's (MAP) PCR - individual / feces  
 Johne's (MAP) PCR - pooled / feces

 Johne's AGID (MAP) / serum  
 Tritrichomonas PCR - individual / preputial scrape  
 Tritrichomonas PCR - pooled / preputial scrape  
 Ruminant Pregnancy / serum  
 Small Ruminant Lentivirus (CAE/OPP) / serum  
 BLV ELISA / serum  
 BLV PCR / whole blood, semen, milk

 BTV ELISA / serum  
 BTV AGID / serum  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 Total # of Samples  
 \_\_\_\_\_

*Large submissions requiring excessive organization or clarification may result in additional lab handling fees.*

LAB #	ANIMAL ID NUMBER	TRICH TAG <small>[MAY BE REQUIRED BY STATE REGULATIONS]</small>	AGE	BREED	RANCH TAG / COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

