



BOVINE and SMALL RUMINANT FETUS and NON-VIABLE NEONATE SUBMISSION FORM

* Required Fields

Clinic*: _____ Address: _____ Postal Code: _____ Phone: _____ Veterinarian* _____ Email: _____ Copy to: Name _____ Copy to: Email _____	Owner / Farm Name*: _____ Location / Premise ID*: _____ Barn ID: _____ Species*: _____ Breed*: _____ Animal ID*: (Dam) _____ (Fetus) _____ Fetus Sex: _____ <small>For Multiple Animals include a Multi Animal Form or Excel ID list. Email to dso@usask.ca.</small> Fetus Age: Gestational (months)*: _____ Neonate age (hours)*: _____
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STAT (fees apply)
 Rabies Suspect
 RG3 Suspect
 Legal Case
 Insurance Case
 Date Collected*: _____

Invoice to: _____ **Purchase Order Number:** _____
 (if applicable) **Incident Identifier:** _____

Commodity: _____	Lab test(s) requested:	Sample Type	Samples Sent*	Received <small>Office Use Only</small>
Prod. Stage: _____	1. _____	Fluid		
REASON FOR SUBMISSION	2. _____	Fixed Tissue		
Reason #1: _____	3. _____	Fresh Tissue		
Reason #2: _____	4. _____	Whole Fetus		
PRIMARY SYSTEMS AFFECTED	5. _____	Placenta		
System #1: _____	6. _____	Other		
System #2: _____				
System #3: _____				

Circle all tissue type(s) submitted and indicate the number of each sent:

Fixed Tissues: ___ Placenta ___ Lung ___ Liver ___ Spleen ___ Kidney ___ LN ___ Ileum ___ Other _____

Fresh Tissues: ___ Placenta ___ Lung ___ Liver ___ Spleen ___ Kidney ___ LN ___ Ileum ___ Other _____

Disease/condition of concern? _____

Previous PDS Case Number: _____ Submitters Signature: _____

Detailed History Information:

of Breeding Females: _____ # Aborted: _____ # Nonviable when born: _____

When did losses start: _____

Any issues with pregnancy rate/ long calving seasons: _____

Vaccination Program: None Current: _____

Recent animal additions? _____ When: _____

Rations: _____

Feed: _____

Water: _____

Supplements: _____

Housing: _____

Age of Dam: _____ Age of Fetus: _____ Breeding: A.I. Natural Body Condition of Dam: _____

Signs of illness in Dam: _____

Signs of illness in Neonate: _____ Dystocia? _____ Weather risk? _____

Age in general of dams aborting/having nonviable neonates: _____ Overall Bred Cow condition: _____

Any other relevant background? _____

Use Page 2 for Additional History / Comments



Field Necropsy Worksheet

Clinic: _____	Owner / Farm Name: _____
Crown Rump Length: _____	Body Weight: _____
Hair Coat Color; Unique Markings: _____	
Hair Coat:	<input type="checkbox"/> Complete (with guard hairs) <input type="checkbox"/> Fine short hair <input type="checkbox"/> Ears <input type="checkbox"/> Other <input type="checkbox"/> Distal Limbs <input type="checkbox"/> Tail <input type="checkbox"/> Muzzle
Teeth Eruption:	<input type="checkbox"/> Absent <input type="checkbox"/> First Incisors <input type="checkbox"/> Second Incisors <input type="checkbox"/> Third Incisors
Gestational Age: _____ (Estimate)	<input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months OR → <input type="checkbox"/> Full-Term <input type="checkbox"/> Neonate (Select One)
State of Carcass:	<input type="checkbox"/> Fresh <input type="checkbox"/> Moderate Autolysis <input type="checkbox"/> Severe Autolysis <input type="checkbox"/> Mummified <input type="checkbox"/> Previously Frozen
Scavenger Damage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental / Congenital Anomalies:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air in Lungs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Excess Fluid:	<input type="checkbox"/> Subcutaneous <input type="checkbox"/> Thorax <input type="checkbox"/> Abdomen Color: _____ Consistency: _____
Abomasal Fluid / Stomach Content:	Meconium Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Milk Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Placenta and/or Umbilicus:	<input type="checkbox"/> Not submitted <input type="checkbox"/> Normal <input type="checkbox"/> Placentitis <input type="checkbox"/> Other
Bones: (<i>Bovine only</i>)	<input type="checkbox"/> Medullary Bone Retention <input type="checkbox"/> Growth Arrest Lines <input type="checkbox"/> No Visible Lesions
Joints:	<input type="checkbox"/> Increased Synovial Fluid <input type="checkbox"/> Fibrin <input type="checkbox"/> Blood <input type="checkbox"/> No Visible Lesions
Additional History / Comments:	