



Poultry Directors: A. Johnston BVMS, Cert VA, MRCVS, M. I. Clark MA, VetMB, MRCVS
 K. Warner BSc(Vet.Sc) Hons. BVM&S, MRCVS Associate: S. Perez, DVM, MSc, MRCVS

POST MORTEM REQUEST FORM

OWNER:..... LABORATORY REFERENCE:

ADDRESS: DATE:.....

..... TEL:.....

.....POST CODE:.....

ACCOUNT PAYABLE BY:.....

REPORT TO:BY: POST
 FAX. Number:
 E-mail. Address:.....

SPECIMEN:.....BREED:..... AGE:.....

No. BIRDS ON SITE:.....HOW LONG ON THE PREMISES:.....

No. OF BIRDS INVOLVED:.....HOW LONG ILL:

VACCINATION:.....MORTALITY:.....

% EGG DROP:.....

SYMPTOMS SEEN IN THE FLOCK:

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6. Current vaccination programme:

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7. Current medication:

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8. Brief Farm History over the previous year:

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**PLEASE COMPLETE ALL PARTS OF THE FORM AND RETURN WITH SAMPLES
TO THE MINSTER LABORATORY**