

**ARKANSAS LIVESTOCK AND POULTRY COMMISSION
AVIAN SUBMISSION FORM**

#1 Natural Resources Dr.
Little Rock, AR 72205
PH (501) 823-1730
FAX (501) 907-2410

Case No. _____

Submitter Date Farm/Grower Company Phone

Send Results To (Name) Address (Street, City, State, Zip) Fax

Send Bill To (If Different) Address (Street, City, State, Zip)

PLEASE PROVIDE A COMPLETE HISTORY

Type of Animal: Broiler Broiler Breeder Turkey Turkey Breeder Commercial Layer Other _____

Age _____ % Sick _____ # Days Sick _____ 3 Day Mortality _____

Primary Problem: Respiratory Problem Poor Growth Diarrhea Lameness Other (Specify) _____

Additional Problems: _____ Disease Suspected: _____

Treatments Given & Results: _____

Vaccination History: _____

Number Birds Submitted: Live ____ Dead _____ Other Samples Submitted: _____

PLEASE CHECK TESTS REQUESTED

Pathology
Necropsy
Histopathology
Cytology
Bacteriology
Routine Culture
Salmonella Culture
Anaerobic Culture
Antibiotic Sensitivity
Mycotic/Fungal Culture
Organism Suspected
E. Coli
Staphylococcus
Salmonella
Pasteurella
Bordetella
Mycoplasma
ORT
Other _____

Serology
MG
MS
Avian Influenza
Newcastle
Bronchitis
IBD
Reovirus
CAV
Leukosis
A.E.
Salmonella Pullorum

PCR
(Specify) _____

HI
(Specify) _____

Virus Isolation (Specify) _____

For Multiple Flock Use Only
(Serology, Bacteriology, Chick/Poult QA, Testing, Other)

Flock ID	Age	#Samples	Case #