



ANIMAL HEALTH CENTRE
AAVLD - Accredited Laboratory

Fish Submission Form

Ministry of Agriculture and Lands
Abbotsford Agriculture Centre
1767 Angus Campbell Road
Abbotsford, BC V3G 2M3
Ph: 604-556-3003; 1-800-661-9903
Fax: 604-556-3010

Please fill in all relevant sections and sign form.

AHC Case # _____

Submitted by: _____ Owner: _____ Date: _____
Owner Address: _____
Client Reference Number _____ Tel: _____ Fax: _____
Farm Name and Address: _____
Vet: _____ Tel: _____ Fax: _____
Vet Clinic: _____ Vet E-mail _____
Bill to: _____ Send report to: Submitter Owner Vet Other: _____

Species: _____ Age: _____ d/m/y Sex: M F ?
Environment: Freshwater: _____ Saltwater: _____
Vaccinations: None _____ Unknown _____ Vaccinated _____
in Group _____ Sick _____ Dead _____ Duration of illness _____ d/m/y Insurance/Legal? Y N
Euthanized? Y N (method) _____ Prior submission? Y N Case # _____
Submitted Live _____ # Submitted Dead _____ Date fish died: _____

Specimens Submitted: Tissues Submitted (if separate):
Whole animal: _____ Brain: _____ Spleen: _____ testis: _____
Tissues: _____ Gill: _____ Intestine/ceca: _____ ovary: _____
Plate: _____ Heart: _____ Stomach: _____ Other: _____
Slide: _____ Head Kidney: _____ Skin/skeletal muscle: _____
Swab: _____ Trunk Kidney: _____ Swimbladder: _____
Other: _____ Liver: _____ Eye: _____

General Test(s) Requested: Specific Test(s) Requested (if any):
Necropsy: _____ Histopathology: _____
Bacteriology: _____ Viral Culture: _____
Toxicology: _____ PCR: _____

HISTORY: Describe clinical signs, treatments, necropsy findings, management practices, prior disease, etc.

Submitter's Signature: _____