



# Frederick Animal Health Laboratory

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## EQUINE SERVICE REQUEST FORM

Payment Method: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Accession #: \_\_\_\_\_

What State Is The Animal Located In? \_\_\_\_\_ What County Is The Animal Located in? \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Vet/Agent:** \_\_\_\_\_  
 Farm Identity: \_\_\_\_\_ Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Report Distribution: E-Mail Fax USPS No Report Report Distribution: E-Mail Fax USPS No Report

Animal Location same as Owner: Yes No; Provide Address: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Tattoo #: \_\_\_\_\_ Microchip #: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Origin of Animal  
(Provide Anatomical Location) (Provide Anatomical Location) Purchase Date & Location:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

**Reason for test:** Diagnostic Neurological Insurance Claim (please complete "Authorization To Release Information To Insurance Company" Form)  
**Specimen Submitted:** Carcass Serum EDTA Whole Blood Heparinized Whole Blood  
 Feces CSF EDTA Plasma Heparinized Plasma  
 Swab (provide anatomical location): \_\_\_\_\_ Other: \_\_\_\_\_

**Date Sample Collected:** \_\_\_\_\_ **TEST REQUESTED:** \_\_\_\_\_

**HISTORY:** Total # of Animals on premise: \_\_\_\_\_ # Sick Animals: \_\_\_\_\_ # Dead Animals: \_\_\_\_\_

Time of Death: \_\_\_\_\_  
Recent Diagnostic Testing: Blood work ECG Scoping Ultrasound Radiographs Other: \_\_\_\_\_

Please provide details: \_\_\_\_\_

Date of Negative EIA Test: \_\_\_\_\_

Recent Illnesses: Colic Overheating Lung/Nasal Bleeding Slow to cool down after exercise Lameness  
Heart Murmur Arrhythmia Exercise Intolerance Upper airway noise when exercising Other: \_\_\_\_\_

Previous DNA Testing: \_\_\_\_\_

Travel history w/in last 30 days: Yes No If so, where? \_\_\_\_\_

Exposure to new horses &/or traveling horses: Yes No If so, describe events and give locations: \_\_\_\_\_

Medications (List all including supplements): \_\_\_\_\_

Vaccinations (Include dates): Rabies: \_\_\_\_\_ EEE/WEE/TET: \_\_\_\_\_ WNV: \_\_\_\_\_ Flu/Rhino: \_\_\_\_\_ Other: \_\_\_\_\_

Diet: Grain (Type & Amount Fed): \_\_\_\_\_

Hay (Type & Amount Fed): \_\_\_\_\_

Other Supplements (Type & Amount): \_\_\_\_\_

**Diseases to Rule Out:** \_\_\_\_\_

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