



MDA Animal Health Laboratories

Frederick Animal Health Laboratory
1840 Rosemont Avenue, Frederick, MD 21702
Phone: (301) 600-1548 / Fax: (301) 600-6111
Email: ahfrederick.mda@maryland.gov

Salisbury Animal Health Laboratory
27722 Nanticoke Road, Unit 3, Salisbury, MD 21801
Phone: (410) 543-6610 / Fax: (410) 543-6676
Email: ahsalisbury.mda@maryland.gov

EQUINE SERVICE REQUEST FORM

Payment Method:

☐ Credit Card ☐ Cash ☐ Check #: _____ Bill Vet

Amount: \$

Accession #:

What state is the animal located in? _____

What county is the animal located in? _____

Owner: _____

Farm Identity: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Report Distribution: ☐ Email ☐ Fax ☐ USPS ☐ No Report

Vet/Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Report Distribution: ☐ Email ☐ Fax ☐ USPS ☐ No Report

Provide Necropsy Pictures with Report: ☐ YES ☐ NO

Animal Location same as Owner: ☐ YES ☐ NO; **Provide Address:** _____

| | Animal Name: | Tattoo #: (Provide Anatomical Location) | Microchip #: (Provide Anatomical Location) | Breed: | Age: | Gender: | Origin of Animal Purchase Date & Location |
|----|--------------|--|---|--------|------|---------|--|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Reason for test: ☐ Diagnostic ☐ Neurological ☐ Insurance Claim (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: _____

Total # of Animals on premise: _____ # Sick Animals: _____ # Dead Animals: _____

Date & Time of Death: _____ ☐ Found Deceased ☐ Euthanized, Agent/Method Used: _____

Recent Diagnostic Testing: ☐ Blood work ☐ ECG ☐ Scoping ☐ Ultrasound ☐ Radiographs ☐ Other: _____

Please provide details: _____

Date of Negative EIA Test: _____ Previous DNA Testing: _____

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: _____

Illness Duration: _____

Travel History w/in last 30 days: ☐ YES ☐ NO If so, where: _____

Exposure to new &/or traveling horses: ☐ YES ☐ NO If so, describe events & 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): _____



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EQUINE SERVICE REQUEST FORM *(Continued)*

Accession #: _____

Diseases to Rule Out: _____

History:

FOR LABORATORY USE ONLY

CARCASS WEIGHT: _____ LBS /KG/G