



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? _____

Owner: _____

Farm Identity: _____

Mailing 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: (Provide Anatomical Location)	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): _____



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 (Continued)

Accession #: _____

Diseases to Rule Out:

History:

FOR LABORATORY USE ONLY

CARCASS WEIGHT: LBS /KG/G