



Animal Health Trust

Lanwades Park, Kentford, Newmarket, Suffolk, CB8 7UU
Registered charity no: 209642



Animal Health Trust

EQUIFLUNET.ORG.UK

Influenza Surveillance Scheme Diagnostic Submission Form

Attending Vet

Practice _____
Address _____
Postcode _____
Telephone _____
Fax/Email _____

Owner Name

Horse Location _____
County _____
Postcode _____

Horse Details

Please ensure you fill in **Horse Details and Disease Information** for each horse sampled

Name _____
Age/DOB _____
Gender: Mare/filly
Gelding
Stallion/colt
Breed/type _____
Latest vaccination history:
Date _____
Vaccine used _____
Batch No. _____
1st Vacc 2nd Vacc 3rd Vacc
Annual Booster Unvaccinated

Sample type submitted

Swab: Nasal Nasopharyngeal
Clotted blood/serum

Disease Information

What date was this sample taken _____
Signs: Heart rate (RPM) _____
Respiratory rate (RPM) _____
Temperature (°C) _____
Inappetance
Cough: mild
dry harsh
productive
severe
Serous nasal discharge
Mucopurulent nasal discharge
Mucoid nasal discharge
Swollen lymph nodes
Conjunctivitis
Lethargy
Other details _____

What date was the illness first recognised? _____

How many other horses are affected? _____

Prior to this visit, have other horses from this premises been sampled in the last 2 weeks by you or another vet?

Yes No How many _____

If you are sampling other horses from this premises today, please state how many _____

Vet Signature:.....

Often Equine Influenza transmission is associated with horse movement, to aid diagnosis please fill in the information below. This section only needs to be filled out once per premises visited.

Horse Movement

Are isolation facilities available?
Yes No

Are new arrivals quarantined?
Yes No

Have any horses been offsite in the last 2 weeks?
Yes No

No. of new arrivals within last 2 weeks? _____

Dates of recent arrivals? _____

No. of horses on yard? _____
No. of in-contacts? _____

Do horses share tack?
Yes No
Do horses share other equipment e.g. water troughs?
Yes No

Horses kept in (please tick all that apply):
Individual stables
Barn system
Separate grazing
Group grazing
Other _____

Premises type (please tick most relevant)

Private premises
Livery
Training/Competition Yard
Stud
Riding School
Other _____

Has influenza been diagnosed on the yard before?

Yes No
Unknown

If so, how long ago? _____

All equine influenza testing submitted using this form is free of charge. Additional diagnostic tests can be performed but these will be charged according to the current published price list. Please indicate which additional tests you would like on a diagnostic laboratory services submission form. The terms and conditions on which laboratory tests are carried out are available at www.aht.org.uk. Sample submission is acceptance of these terms and conditions.

| FOR LAB USE: | | Time Received: | |
|--------------------|--|----------------|----------|
| Opened by: | | Split by: | Histo |
| Tests assigned by: | | Bact | Serol |
| Entered by: | | Clin Path | ViroI |
| | | Cyto | Research |

Please send samples and forms to:
Diagnostic Laboratory Services
Animal Health Trust,
Lanwades Park,
Kentford,
Newmarket,
Suffolk CB8 7UU

F269a/1



THE HORSE RACE BETTING LEVY BOARD

Funds the Animal Health Trust's Equine Influenza Programme

