

GENERAL SUBMISSION / NECROPSY FORM

South Dakota State University
Animal Disease Research & Diagnostic Lab
Box 2175, 1155 North Campus Drive
Brookings, SD 57007
605.688.5171 605.688.6003 (fax) email: sdsu.adrdl@sdsu.edu
website: http://sdsu.edu/vs

Accession Number _____

Date _____

This box is for client's internal use only.

NBHPV

22-11302

Tim Kruse
Wetanka
Wetanka
SD Zip _____
605-225-7126 Fax _____

SPECIES BOVINE # in Herd _____
Breed _____ # Dead 7
Age 1 day Sex _____ # Sick _____
Animal ID Number(s) _____
CHECK ANY THAT APPLY:

- Diarrhea Pneumonia Lameness
- Abortion CNS Other Layed like a dog
- Vaccinations on side head arched up
- Treatments painful ballot.

1 day old calf had to hold up to stand front + rear knuckles buckled.

Copy to _____

Export to _____

OWNER Dana Dargatz

Premise ID _____ State SD

City Aberdeen

State SD Zip 57401

Phone 605-216-2600 Fax _____

IS THIS A RABIES SUSPECT? NO YES

Pet Stray Wildlife

WAS THIS ANIMAL VACCINATED FOR RABIES?

NO YES When? _____

DID THIS ANIMAL EXPOSE ANY OTHER ANIMALS?

NO Unknown YES Species? _____

HUMAN EXPOSURE?

NO YES Unknown

TYPE OF HUMAN EXPOSURE?

Bite Scratch Other _____

Person(s) _____

Address _____

City _____ State _____

IF RABIES IS NEGATIVE DO YOU WANT A COMPLETE NECROPSY? NO YES

IF SWINE SIV SUBMISSION:

- Sick Pigs H1N1 Public Health Investigation
- Commingled Pigs

head stayed back for th. when standing

HISTORY
Clinical signs/
tentative
diagnosis

See Attached form

Gross Necropsy Lesions

OF SPECIMENS 1 Date Collected _____ Body Serum Whole Blood Feces

Tissue (list) _____ Fluid/Swab _____

I request a complete diagnostic examination (at discretion of Laboratory)

I request ONLY the following services/tests:

- Bacteriology Histopath Virology Molecular Diagnostics (PCR) Immunohistochemistry
- Serology Parasitology Rabies Test Tox Exam (list specific toxin) _____

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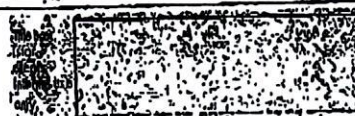


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DVM Tim Kuse
 Clinic Wetonka Vet Services
 Address _____
 City Westport
 State SD Zip _____
 Phone _____ Fax _____
 Copy to _____
 Export to _____

OWNER Dana Dargatz
 Premise ID _____ State _____
 City Aberdeen
 State SD Zip _____
 Phone _____ Fax _____

HISTORY

Clinical signal tentative diagnosis

7-8 calf dead, born weak, & stiff, last 1 day to 5 days, d/o antibiotic Penicillin, dex, vit B used with no positive results

Gross Necropsy Lesions

Test mineral content of liver please

SPECIES Bovine # In Herd ~ 90
 Breed corn beef # Dead ~ 7
 Age 1-5 days Sex _____ # Sick _____

Animal ID Number(s) _____

CHECK ANY THAT APPLY:

- Diarrhea Pneumonia Lameness
- Abortion CNS Other _____
- Vaccinations _____
- Treatments _____

IS THIS A RABIES SUSPECT? NO YES
 Pet Stray Wildlife

WAS THIS ANIMAL VACCINATED FOR RABIES?
 NO YES When? _____

DID THIS ANIMAL EXPOSE ANY OTHER ANIMALS?
 NO Unknown YES Species? _____

HUMAN EXPOSURE?
 NO YES Unknown

TYPE OF HUMAN EXPOSURE?
 Bite Scratch Other _____

Person(s) _____
 Address _____
 City _____ State _____

IF RABIES IS NEGATIVE DO YOU WANT A COMPLETE NECROPSY? NO YES

IF SWINE SIV SUBMISSION:

- Sick Pigs H1N1 Public Health Investigation
- Commingled Pigs

OF SPECIMENS _____ Date Collected _____
 Tissue (list) _____ Body Serum Whole Blood Feces
 Fluid/Swab _____

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