

**For lab use only: IZVG #:**

**Date sample received:**

**Urgent** – please indicate why:



**Laboratory dedicated to Zoo, Exotic & Wildlife Pathology**

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**AQUARIUM SUBMISSION FORM**

|                                                                  |  |                                                                                                                                                                                            |                                                    |
|------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Name and address of submitting veterinarian:                     |  | Name and address of owner/collection:                                                                                                                                                      |                                                    |
| Phone:                                                           |  | <b>PO number:</b>                                                                                                                                                                          |                                                    |
| Fax:                                                             |  | Phone:                                                                                                                                                                                     |                                                    |
| Email:                                                           |  | Fax:                                                                                                                                                                                       |                                                    |
| Date sample taken:                                               |  | Email:                                                                                                                                                                                     |                                                    |
| Species name, common:                                            |  | Species name, scientific:                                                                                                                                                                  |                                                    |
| Animal name or number:                                           |  | Enclosure/tank:                                                                                                                                                                            |                                                    |
| Age:                                                             |  | or if not known: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Neonate                                                                         |                                                    |
| Origin:                                                          |  | <input type="checkbox"/> Wild caught <input type="checkbox"/> Captive bred <input type="checkbox"/> Unknown                                                                                |                                                    |
| Sex:                                                             |  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown                                                                                             |                                                    |
| Length of time in collection?                                    |  | <input type="checkbox"/> <1 week <input type="checkbox"/> <1 month <input type="checkbox"/> < 1 year <input type="checkbox"/> >1 year                                                      |                                                    |
| Location:                                                        |  | <input type="checkbox"/> Quarantine (recent arrival) <input type="checkbox"/> On display<br><input type="checkbox"/> Holding (off display) <input type="checkbox"/> Quarantine (treatment) |                                                    |
| If on display, which other species are in exhibit?               |  |                                                                                                                                                                                            |                                                    |
| Group size:                                                      |  | No. affected:                                                                                                                                                                              | No. dead:                                          |
| Gill press:                                                      |  | <input type="checkbox"/> Negative <input type="checkbox"/> Positive Suspected problem?                                                                                                     |                                                    |
| Skin scrape:                                                     |  | <input type="checkbox"/> Negative <input type="checkbox"/> Positive Suspected problem?                                                                                                     |                                                    |
| Any post mortem findings (list organ and abnormality suspected)? |  |                                                                                                                                                                                            |                                                    |
| Is the animal/group under treatment?                             |  | <input type="checkbox"/> N <input type="checkbox"/> Y                                                                                                                                      | AHEF/Medical record number:                        |
| Is there a current/recent stressor? (note any that apply)        |  |                                                                                                                                                                                            |                                                    |
| <input type="checkbox"/> Treatment (what?):                      |  | <input type="checkbox"/> Suspected toxin (what?):                                                                                                                                          |                                                    |
| <input type="checkbox"/> Drain down/clean                        |  | <input type="checkbox"/> Excess visitors                                                                                                                                                   | <input type="checkbox"/> Equipment failure         |
| <input type="checkbox"/> Supersaturation                         |  | <input type="checkbox"/> Temperature issue                                                                                                                                                 | <input type="checkbox"/> Known water quality issue |
| <input type="checkbox"/> Other (please list)                     |  |                                                                                                                                                                                            |                                                    |
| When was the stress (minutes/hours/days ago)?                    |  |                                                                                                                                                                                            |                                                    |
| How was recent appetite?                                         |  | <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor                                                                                              |                                                    |
| How long has appetite been affected?                             |  |                                                                                                                                                                                            |                                                    |

