

Animal Health Trust Submission Form All sections to be filled in by the client's veterinary surgeon

| Stallion's N | Vame: | | | | | |
|--|---|-----------|---------------------|----------------------|--|--|
| Age: | Age: Breed: Has the AHT had samples from the animal before: Yes or No | | | | | |
| Date Samp | led: | | Previous AHT sample | number (if known) | | |
| Veterinary | Surgeon: | | Veterinary Praction | e: | | |
| Address: | | | | | | |
| | | | | | | |
| Tel: Fax: | | | | | | |
| Email: | | | | | | |
| | | | | | | |
| Results to be: Emailed | | | | | | |
| Vaccina | tion History | Sample | | | | |
| | | T | | Semen/Pre-ejac fluid | | |
| Vaccine | Vaccination Date | Vaccine | Vaccination Date | Blood/Serum | | |
| Influenza | | Herpes | | Guttural Pouch Wash | | |
| EVA | | Strangles | | Frozen Semen Straw | | |
| Swab | | | | | | |
| TESTING (White all a feet and the feet and t | | | | | | |
| Please put an "X" in the box for the tests you require to be carried out. | | | | | | |

| Serology | CEM Swabs (Klebsiella, Pseudomonas & Tayorella Equigenitalis) | Virology |
|--|---|---|
| EVA by ELISA (for unvaccinated stallions only) | Penis | EVA virus Isolation and qPCR (Semen) |
| EIA by ELISA | Urethra | |
| Strangles by ELISA | Urethra Fossa | Bacteriology |
| | Pre Ejaculate Fluid | Aerobic Culture |
| | | Aerobic Culture & Sensitivity |
| | | Strangles qPCR (Guttural Pouch wash) |