

# Companion Animal Form

Veterinary Diagnostic Services  
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W: [www.manitoba.ca/agriculture/vds](http://www.manitoba.ca/agriculture/vds)



Routine     Legal     Rush (advanced notice and history required, fees apply) \_\_\_\_\_

Rabies Suspect     No     Yes (no other testing to occur until rabies status determined)

Veterinarian \_\_\_\_\_ Billing clinic \_\_\_\_\_

Additional report to (limit of one) \_\_\_\_\_

Owner/Reference (max 30 characters) \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Related case # \_\_\_\_\_ Sample collection date \_\_\_\_\_

Animal ID \_\_\_\_\_ Age \_\_\_\_\_ d  w  m  y  Weight \_\_\_\_\_ Sex    M  MN  F  FS

**History** (include treatments, vaccines, descriptions of lesions, etc.)  continued on back page

Samples submitted (indicate sample type, site and #):

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> EDTA / Heparin (#) _____   | <input type="checkbox"/> Serum (red top) (#) _____ | <input type="checkbox"/> Urine cystocentesis (#) _____ | <input type="checkbox"/> Swab site (#) _____ |
| <input type="checkbox"/> Blood smears (#) _____     | <input type="checkbox"/> Serum (SST) (#) _____     | <input type="checkbox"/> Urine free catch (#) _____    | <input type="checkbox"/> Fresh _____         |
| <input type="checkbox"/> Plasma (EDTA) (#) _____    | <input type="checkbox"/> Fluid (#) _____           | <input type="checkbox"/> Urine catheter (#) _____      | <input type="checkbox"/> Fixed _____         |
| <input type="checkbox"/> Plasma (Heparin) (#) _____ | <input type="checkbox"/> Cytology smears (#) _____ | <input type="checkbox"/> Litter box (#) _____          | _____  |

## CLINICAL PATHOLOGY

### Hematology

- CBC (includes differential)
- Differential only
- Platelet count
- Reticulocyte count
- Coombs test
- Knott's microfilaria

### Biochemistry

- Complete profile
- Kidney panel (see manual)
- Hepatic panel (see manual)
- Individual test (see manual)

### Bile acids

- Random     Fasting     Post Prandial
- Fructosamine
- Phenobarbital

### Endocrinology

- ACTH stimulation test
- Cortisol
- Endogenous ACTH (canine only)
- Low dose Dex.
- High dose Dex.
- Progesterone

### Endocrinology (cont.)

- Total T4
- Free T4 (canine)
- Canine TSH

### Thyroid Profiles

- #1 (T4, FT4, cTSH)
- #2 (T4, cTSH)
- #3 (T4, FT4)

### Cytology

- Fluid cytology (see manual)
- Cytology smear
- Urine cytology
- Bone marrow (contact lab)
- CSF (contact lab)

### Urine

- Routine urinalysis (includes sediment exam)
- Protein/Creatinine ratio

### Other

- Canine Snap 4Dx Plus
- FeLV/FIV Snap
- Fecal occult blood
- Ethylene glycol

## ANATOMIC PATHOLOGY

- Necropsy (gross examination)
  - Private Cremation
  - Communal Cremation(VDS does not release animal remains)
- Histopathology

## MICROBIOLOGY

### Bacteriology

- Culture and sensitivity
- Brucella canis IFAT
- Clostridium difficile toxin ELISA
- Clostridium perfringens toxin ELISA

### Mycology

- Fungal culture

### Parasitology

- Direct exam for mites
- FAT/Giardia & Cryptosporidium
- Fecal flotation
- Parasite ID
- Baermann test (lungworms)

## VIROLOGY

### Feline PCR

- Feline URT Panel
- Felid herpesvirus 1
- Feline calicivirus
- Chlamydomphila felis
- Mycoplasma felis
- Feline panleukopenia virus
- Mycoplasma haemofelis
- Feline leukemia virus

### Canine PCR

- Anaplasma phagocytophilum
- Borrelia burgdorferi
- Canine distemper virus
- Canine parvovirus
- Leptospira spp.
- Mycoplasma haemocanis

**Send out: Please specify test & Referral Lab**

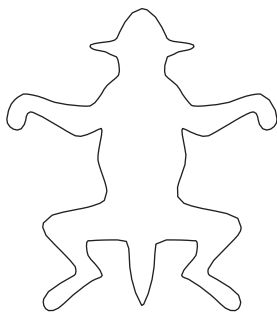
\_\_\_\_\_  
Name of submitter (please print)

Veterinarian

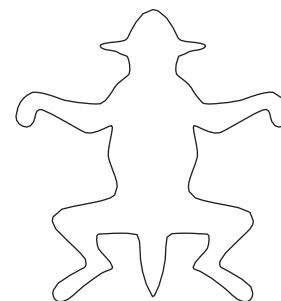
Owner

Please indicate the location of the lesion:

Ventral View



Dorsal View



**Privacy Notice:**

By submitting this Form, the Submitter acknowledges and agrees that: (1) all information provided on this form is complete and true to the best of their knowledge; (2) if the Submitter is not the owner of the animal(s), then the Submitter is the authorized agent of the owner or has been authorized by the owner to submit this Form and the sample(s); (3) the Submitter consents to disclosures of submitted information and materials and test results to any persons or entities identified on this Form and any necessary persons and entities as required by legislation respecting reportable diseases and for the surveillance and protection of animal and human health; and (4) the Submitter has read and understands the notices on the Veterinary Diagnostic Services Laboratory (VDS) website respecting confidentiality, disclosure, privacy and ownership of submitted materials.

The personal information collected in this form is collected in accordance with the Privacy Notice on the VDS website. For more information on the Privacy Notice, please contact the Manitoba Agriculture's Access and Privacy Coordinator at 204-945-4823 or email [ardfippa@gov.mb.ca](mailto:ardfippa@gov.mb.ca).