

**MANOR COURT VETERINARY CENTRE
CHURCH STREET, TARVIN, CHESTER, CH3 8EB
RACING PIGEON LABORATORY REQUEST FORM**

Ref:

Tel: 01829 740216

email: manor@willowsvetgroup.co.uk

Name..... Address.....

e-mail address.....Contact Tel No.....

Has another veterinary surgeon been consulted Yes / No

If Yes please give name and contact details

Any litter used?	None or please specify =
Number of birds	Adult
Losses in last year	Adult

Routine testing? Yes / No: Disease problem? Yes / No: Please specify below

Poor Performance	Yes / No	Mortality	Yes / No
Diarrhoea	Yes / No	Respiratory signs	Yes / No
Weight Loss	Yes / No	Eyes closed	Yes / No

Date Sample collected.....

Tests requested (delete as applicable)

Worm egg and Coccidia oocysts count(1 Pot Droppings) Yes / No

Wet smear for Canker (Fresh throat swabs x 2) Yes / No

Culture for salmonella / other bacteria Yes / No

Other test required

Details of any treatment already given

	When done	Product used
Coccidiosis		
Worming		
Trichomonas/Canker		
Vaccinations		

Signed:

Date:.....

LAB USE ONLY

Date Received

Trichomonas	Cocci	Worm	Culture