

# Bovine - Influenza A virus H5N1

For office use only

### Veterinarian

Veterinarian \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

### Owner/Producer

Owner Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Billing

USDA

### Reporting

Email \_\_\_\_\_  
Affiliate (list codes) \_\_\_\_\_

### Animal/Location

Regulatory Premises ID (required) \_\_\_\_\_ County \_\_\_\_\_  
Site/Farm \_\_\_\_\_  
State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### Inter-state movement

Yes  No

State of destination \_\_\_\_\_ Date of movement \_\_\_\_\_

Additional comments \_\_\_\_\_  
\_\_\_\_\_

### Molecular Diagnostic Tests (PCR):

Avian Influenza Virus H5N1  Milk  
Total sample count \_\_\_\_\_

Note: Samples will be tested in pools of 5 unless indicated otherwise.

Animal ID (official ID)	Animal ID (official ID)	Animal ID (official ID)
1 _____	11 _____	21 _____
2 _____	12 _____	22 _____
3 _____	13 _____	23 _____
4 _____	14 _____	24 _____
5 _____	15 _____	25 _____
6 _____	16 _____	26 _____
7 _____	17 _____	27 _____
8 _____	18 _____	28 _____
9 _____	19 _____	29 _____
10 _____	20 _____	30 _____