

**WEST NILE VIRUS (WNV) EQUINE SURVEILLANCE  
SAMPLE SUBMISSION FORM**

**DATE OF REPORT:** \_\_\_\_\_

**VETERINARIAN'S INFORMATION**

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**OWNER INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**HORSE INFORMATION**

Name of Horse: \_\_\_\_\_ Age \_\_\_\_\_

Physical address of horse if different from owner's address above: \_\_\_\_\_

Condition of Horse:  Dead  Euthanized  Ill  No clinical signs # of samples: \_\_\_\_\_

Symptoms Observed: \_\_\_\_\_

Date of onset of clinical signs if present: \_\_\_\_\_

Has horse traveled out of state 2-3 months prior to clinical signs, and if so, where? \_\_\_\_\_

Has horse been vaccinated for WNV? \_\_\_\_\_ If yes, with which vaccine? \_\_\_\_\_

When was horse vaccinated? \_\_\_\_\_

**TO BE COMPLETED BY ADL**

Acc # 2012- \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RESULTS**

**Serology:**  WNV Negative  WNV Positive  Other \_\_\_\_\_

**PCR:**  WNV Negative  WNV Positive  Other \_\_\_\_\_

1. Mail this form and the specimen to: Animal Disease and Food Safety Laboratory, 405 S 21<sup>st</sup> St  
Sparks, NV 89431