**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 21st St
   Sparks, NV 89431