



For Lab Use Only
 Date: _____
 Time: _____
 Carrier: _____
 Condition: W / C / F
 Pathologist: _____

Wyoming Livestock Board
Vesicular Stomatitis
Reporting
and
Submission Form

Ship Samples To:
Wyoming State
Veterinary Laboratory
 1174 Snowy Range Road
 Laramie, WY 82070
 Phone: (307) 766-9925
 Fax: (307) 721-2051
 Email: vetrec@uwyo.edu

Reporting & Submission Form For Equine Vesicular Stomatitis Suspects From Known Infected VS Wyoming Counties:
 This form is to be filled out in all cases with one copy faxed or emailed immediately to the Wyoming Livestock Board Office in Riverton and another copy accompanying samples (if any) submitted to the Wyoming State Veterinary Lab in Laramie.
 E-Mail: april.peregoy@wyo.gov Fax: 307-857-6380 A Hold Order Is To Be Placed On All Susceptible Species

Veterinarian _____
 Clinic _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Owner _____
 Company _____
 Physical Address _____
 City _____ State _____ Zip _____
 GPS Coordinates _____

Bill to: Vet Owner (Verified _____)
 Onset date of lesions (1st animal) _____
 Date Samples Collected _____
 Date Samples Shipped _____

Mailing Address (if different from physical)

 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Total number of susceptible animals on premises:

List All Species on Premises	# Animals	# Clinical	Description/ID of Affected Animal(s)	Sample ID	Specimen(s) Submitted (or NONE)

Please provide driving directions to the premises and describe any animal movements to or from the premises in the past two weeks as well as the clinical signs for all animal(s) affected:

Specimens Received

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Swab _____ Fluid _____ Clotted Blood/Serum _____ Tissue _____
Tube type: RTT _____ PTT _____ RGTT _____ Plastic _____ Glass _____ Other _____

N H B V P R C D S G F T I