



*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 \_\_\_\_\_

Bill to: Vet    Owner    (Verified \_\_\_\_\_)

Onset date of lesions (1st animal) \_\_\_\_\_  
 Date Samples Collected \_\_\_\_\_  
 Date Samples Shipped \_\_\_\_\_

Owner \_\_\_\_\_  
 Company \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 GPS Coordinates \_\_\_\_\_

Owner Mailing Address (if different from physical)  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Total number of susceptible animals on premises:**

Species (List all 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