

ELK HOOF DISEASE Accession Form

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University
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WADDL
USE
ONLY

Veterinarian name: Last		First	
Clinic name:			
Street address:		Mailing address or PO Box:	
City:		State:	Zip:
Phone:	Fax:	E-mail:	
Owner name: Last		First	
<small>(Guardian name if owner is under 18)</small>		First time submitter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address:		Mailing address or PO Box:	
City:		State:	Zip:
Phone:	Fax:	E-mail:	

Billing: Submitter Clinic 3rd Party (**preapproval required**) Please Note: WADDL policy is to bill the clinic if provided, unless prepaid.
 Reporting preference: Mail Fax Web access – register on web site at <https://waddl.vetmed.wsu.edu/>

NOTE: [WAC 220-413-200](#): Reducing the spread of hoof disease—Unlawful transport of elk hooves [in Washington State]. See WAC link for details.

NOTE: Samples submitted with this Accession Form will be routed for sample collection and histopathology under the protocol for Elk Hoof Diagnostic Submissions. WADDL reserves the right to modify tests requested for a more efficient case work-up and/or to send specimens to outside laboratories to perform testing not available at WADDL. Specimens submitted become the property of WADDL. WADDL may also elect to use submitted samples for research purposes. WADDL retains the right to inform state wildlife agencies of results on submitted cases.

1. Has the Washington Department of Fish and Wildlife been contacted about this submission? Yes No
To contact WDFW Hoof Disease Coordinator: (360) 902-8133
 Check the following box if the submitted samples are NOT from Washington State. Elk not from WA.

2. Indicate origin of sample by providing Game Management Unit, County, and/or GPS coordinates:

3. Animal ID: If any	4. Species:	5. Age: Estimate	6. Date died:	7. Date shipped:
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8. Sex: Male Female 9. Check if the antlers were abnormal/deformed. Left Right

10. Please indicate which hooves were sampled by checking the appropriate box(es) below and labeling each hoof as Right or Left Front Hoof or Right or Left Hind Hoof. Include comments regarding the submission as needed.
 Samples submitted:
 Right Front Hoof Left Front Hoof Right Hind Hoof Left Hind Hoof

Comments:

Collector's name:

11. List other tissues if submitted (Note: only hooves are currently necessary for diagnosis of Treponeme-associated hoof disease. Other tissues may, however, be used in ongoing research.)
 Blood Liver Feces Other:

12. If photographs are available, please send to waddl@vetmed.wsu.edu along with a copy of this Accession Form.

"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Signature: _____ Date: _____