



# WISCONSIN VETERINARY DIAGNOSTIC LABORATORY

**Madison**  
 445 Easterday Lane  
 Madison, WI 53706  
 Phone: (800) 608-8387 / (608) 262-5432  
 Fax: (847) 574-8085

**Barron**  
 1521 E. Guy Ave., P.O. Box 97  
 Barron, WI 54812-0097  
 (800) 771-8387 / (715) 637-3151  
 (715) 637-9220

## Equine CNS Diseases – Clinical History & Submission Form

Owner _____	Veterinarian _____
Farm _____	Clinic _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Premise ID _____	Phone _____
	Email or Fax _____

### Location of Animal

Same as above  Farm \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Animal Information

Name or ID of Horse \_\_\_\_\_ Breed \_\_\_\_\_  
 Age \_\_\_\_\_ day mos yr Sex \_\_\_\_\_ Female Stallion Gelding

### Vaccinations

Include all vaccination dates for West Nile virus (at least month, day if known)

Current Year	Last Year	Prior years
1.	1.	1.
2.	2.	2.
3.	3.	

Include most recent vaccination date (at least year) or "No" for not vaccinated

EEE/WEE	Tetanus	Rhinopneumonitis
EPM	Rabies	Other (specify)

### Clinical Signs

Clinical onset date \_\_\_\_\_ Date of Specimen Collection \_\_\_\_\_

Signs	✓	Date of onset	Signs	✓	Date of onset
Ataxia / stumbling			Blindness		
Muscle fasciculations			Proprioceptive deficits		
Circling			Lip droop		
Hind limb weakness			Grind teeth		
Unable to stand			Fever		
Limb paralysis			Depression		

Additional history and clinical signs:

Date of death \_\_\_\_\_ or Euthanasia \_\_\_\_\_ or Animal is still alive

**Tests Requested:** (submit general submission form if requesting pathology or additional services)

WNV IgM ELISA	serum	CSF
EEE/WEE (refer to NVSL)	serum	CSF
EPM Western Blot (refer to MSU)	serum	CSF
EHV VN (titer)	serum	CSF
Other (specify) _____		

\_\_\_\_\_  
**Veterinarian's Signature**