



Ministry of Agriculture

ANIMAL HEALTH CENTRE

AAVLD – Accredited Laboratory

Ministry of Agriculture
Abbotsford Agricultural Centre
1767 Angus Campbell Road
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Case #: []

Case# and CCWHC# are for lab use only.

CCWHC #: []

WILDLIFE SUBMISSION FORM (ALL SPECIES)

(Please use a separate form for each species submitted)

Contact Information

Table with 2 columns: Date Submitted, Submitter's Name, Organization, Address, E-mail, Telephone #, Fax; Specimen ID, Finder's Name, Organization, Address, E-mail, Telephone #, Fax

Billing Information

Name/Organization, Address, E-mail, Phone #, Fax #

If this case is to be billed to the Ministry of Forests, Land and Natural Resource Operations, please sign to confirm that you have contacted Dr. Schwantje directly at Helen.Schwantje@gov.bc.ca to approve this submission.

Signature: _____

Specimen Information

Species, Number Submitted, Date specimen(s) found or reported, Location where specimen(s) found (important - be specific), Latitude, Longitude, or UTM coordinates, Specimen Age, Sex, Total # Dead, Total # sick, Please circle one of the following: Found dead, Found alive and died, Euthanized/Killed, Shot/Trapped, Angled/Netted, Was animal treated for disease?, Estimate of when death/die off first occurred, Suspected disease or reason for submission

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| Additional Observations: |
| Clinical Signs (unusual behaviour and physical appearance): _____ _____ |
| Description of area where carcasses found (land use, habitat types, agricultural practices, spraying, etc.): _____ _____ |
| Climatic factors (storms, precipitation, temperature changes, etc.): _____ _____ |

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| History and/or Necropsy Findings: |
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| | | | | | | |
|---|-----------|------|--------|------|------------|-------|
| Nutritional condition (circle one) | Emaciated | Poor | Fair | Good | Excellent | Obese |
| Sample condition (circle all that apply) | Fresh | | Frozen | | Decomposed | |

| | | | | | |
|-------------------------------|-------|-------|-------|--------|--------|
| Specimen (s) Submitted | | | | | |
| Whole Animal | Blood | Swabs | Feces | Tissue | Other: |

If you submitted **Tissue**, please circle all that apply:

| | | | | | |
|----------------------|-----------|-------|--------|----------|--------|
| Fresh Tissues | | | | | |
| Brain | Heart | Lung | Kidney | Placenta | Other: |
| Stomach | Intestine | Liver | Spleen | Muscle | |
| Fixed Tissues | | | | | |
| Brain | Heart | Lung | Kidney | Placenta | Other: |
| Stomach | Intestine | Liver | Spleen | Muscle | |

| | | | | |
|--------------------------------------|--------------|-----------|----------|--------------|
| Test Order: | | | | |
| Please circle required tests: | Bacteriology | Histology | Necropsy | Parasitology |
| | PCR | Serology | Virology | |
| Specific Test(s) Required: | | | | |