



Ministry of Agriculture

ANIMAL HEALTH CENTRE

AAVLD – Accredited Laboratory

Ministry of Agriculture
Abbotsford Agricultural Centre
1767 Angus Campbell Road
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AHC use only:

WILDLIFE SUBMISSION FORM (ALL SPECIES)

(Please use a separate form for each species submitted)

Contact Information

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

Billing Information

Name/Organization, Address, E-mail, Phone #, Fax #. Includes a note about billing to the Ministry of Forests, Land and Natural Resource Operations and a signature line.

Specimen Information

Species, Number Submitted, Date specimen(s) found or reported, Location where specimen(s) found, Latitude, Longitude, Specimen Age, Sex, Total # Dead, Total # sick, Please circle one of the following, Was animal treated for disease?, Estimate of when death/die off first occurred, Suspected disease or reason for submission.

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.): _____

History and/or Necropsy Findings:

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:
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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:				