



Ministry of Agriculture

ANIMAL HEALTH CENTRE

AAVLD – Accredited Laboratory

Ministry of Agriculture
Abbotsford Agricultural Centre
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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 #, Signature line with instructions to contact Dr. Schwantje

Specimen Information

Species, Number Submitted, Date found, Location, Latitude/Longitude, Specimen Age, Sex, Total # Dead/Sick, Circled options (Found dead, Found alive and died, Euthanized/Killed), Was animal treated for disease?, Estimate of when death/die off first occurred, Suspected disease or reason for submission

<b>Additional Observations:</b>
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.): _____ _____

<b>History and/or Necropsy Findings:</b>

<b>Nutritional condition</b> (circle one)	Emaciated	Poor	Fair	Good	Excellent	Obese
<b>Sample condition</b> (circle all that apply)	Fresh		Frozen		Decomposed	

<b>Specimen (s) Submitted</b>					
Whole Animal	Blood	Swabs	Feces	Tissue	Other:

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

<b>Fresh Tissues</b>					
Brain	Heart	Lung	Kidney	Placenta	Other:
Stomach	Intestine	Liver	Spleen	Muscle	
<b>Fixed Tissues</b>					
Brain	Heart	Lung	Kidney	Placenta	Other:
Stomach	Intestine	Liver	Spleen	Muscle	

<b>Test Order:</b>				
<b>Please circle required tests:</b>	Bacteriology	Histology	Necropsy	Parasitology
	PCR	Serology	Virology	
<b>Specific Test(s) Required:</b>				