

Wildlife Submission Form



AAVLD Accredited Laboratory

ANIMAL HEALTH CENTRE

Ministry of Agriculture and Food
 1767 Angus Campbell Road Abbotsford, BC V3G 2M3
 604-556-3003 1-800-661-9903
 Fax: 604-556-3010 Email: PAHB@gov.bc.ca

For AHC use only

Case #/Coord: _____

Entered By: _____ Date: _____

Verified By: _____ Date: _____

Sent time: _____ PM: _____ SLAB: _____

Contact Information	
Date Submitted:	Specimen ID:
Submitter's Name:	Finder's Name:
Organization:	Organization:
Address:	Address:
E-mail:	E-mail:
Telephone #:	Telephone #:
Fax:	Fax:

Billing Information	Contacts for Case Reporting
Name/Organization:	Report to Submitter: Report to Finder:
Address:	Report to Other:
E-mail:	
Phone:	
	Reports will be sent by email (or fax) to each of the parties indicated above

The submitter has contacted the BC Wildlife Health Program (250-751-7246) to approve this submission: **Yes**

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 check one of the following:	
Found dead	Found alive and died Euthanized/Killed (Killed How? _____)
Shot/Trapped	Angled/Netted
Was animal treated for disease? Yes No	Treatment: _____
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 (check one)	Emaciated	Poor	Fair	Good	Excellent	Obese
Sample condition (check all that apply)	Fresh		Frozen		Decomposed	

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

If you submitted **Tissue**, please check 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 check required tests:	Bacteriology	Histology	Necropsy	Parasitology
	PCR	Serology	Virology	
Specific Test(s) Required:				