ONTARIO/NUNAVUT REGION
CANADIAN COOPERATIVE WILDLIFE HEALTH CENTRE
Department of Pathobiology, Ontario Veterinary College
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INCIDENT REPORT FORM

(To report wildlife disease/mortality incident, and to accompany any specimen submissions)

Date Received: CCWHC USE ONLY Necropsy No.: CCWHC USE ONLY CCWHC No.: CCWHC USE ONLY

SUBMITTER INFORMATION

Name of Submitter:
Address:

Postal Code:
email address:
Phone # [ ]
FAX # [ ]
REFERENCE # (if applicable):

Copy Report to: **if any**
Address:

Postal Code:
email address:
Phone # [ ]
FAX # [ ]

INCIDENT LOCATION

Address (or Lot, Concession):

City / Town:

Postal Code:
GPS Coordinates (use degree decimal WGS84 setting & 4 decimal places):
LATITUDE: _____°._____deg N
LONGITUDE:_____°._____deg W

FINDER LOCATION

Name:

Mailing Address:

City / Town:

Postal Code:

Phone Number:

Environmental circumstances surrounding incident/mortality**:** (Example: weather, proximity to buildings, power lines, use of chemicals, human interaction, etc. Use back of page for additional space.)

SPECIMEN INFORMATION

(Please use separate form for each species)

Species: Age: Sex: (circle one) Male Female Unknown

Incident Dates (yy-mm-dd) Date Occurred: Date Found: Date Picked Up:

Total number of this species at incident: Normal_____ Sick_____ Dead_____

Suspected cause of death (if any):

Behavior/Clinical Signs of Affected Animal(s): (Use back of page for additional space.)

Please circle the appropriate choice(s) when necessary:

Indicate # of each submitted #: ___ Carcasses / Parts: Fresh Frozen Fixed
#: ___ Other: (specify):

Specimen was found: Dead Live/Died Killed If killed, how? _____

Submission of this form signifies permission for the retention and use of the personal information contained herein for the purposes of correspondence, follow up investigation, reporting of results and geographic analysis of incidents.

Date revised: 2008-03-06