



Canadian Cooperative Wildlife Health Centre
Faculty of Veterinary Medicine
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CCWHC #: _____
DSU case #: _____
For Research Use: **Yes / No** ; If 'Yes'
PI: _____
Grant #: _____
(Lab Use Only-Do Not Write in this Section)



SPECIMEN SUBMISSION FORM

Date Submitted: _____

Specimen ID (if Any): _____

Submitter's Name: _____

Organization: _____

Address: _____

Telephone #: _____

Email: _____

Finder's Name and Address (If different from above): _____

Telephone #: _____

Email: _____

(Please use a separate form for each species submitted/location found)

Species: _____ **Total # dead:** _____ **# sick:** _____ **# healthy:** _____ **# submitted:** _____

Date found or reported: _____ **Location found (be specific):** _____

Postal code: _____ **Latitude:** _____ **Longitude:** _____ **or UTM coordinates:** _____

Please check (X) one of the following: **Found Dead:** _____ Estimate of when death first occurred: _____

Found Alive & Died: _____ **Euthanized/Killed:** _____ (Killed how? _____) **Shot:** _____ **Trapped/Angled/Netted:** _____

Date of Death: _____ Was animal treated for disease? _____ (Treatment ? _____)

Suspected disease or reason for submission: _____

How were specimen(s) stored? (fresh, cool, frozen, in formalin, etc) _____

Additional Observations:

Clinical Signs (unusual behavior and physical appearance): _____

Description of area where carcasses found (land use, habitat types, agricultural practices, spraying, etc): _____

Climatic Factors (storms, precipitation, temperature changes, etc): _____

(Please use back of sheet if necessary)