



Canadian Cooperative Wildlife Health Centre  
 c/o Veterinary Pathology  
 Western College of Veterinary Medicine  
 52 Campus Drive  
 University of Saskatchewan  
 Saskatoon, SK S7N 5B4  
 (306) 966-5815

**Necropsy #:** \_\_\_\_\_

**W#:** \_\_\_\_\_

**(Lab Use Only—Do Not Write in this Section)**

## SPECIMEN SUBMISSION FORM

(Please use back of sheet if necessary)

(Please use a separate form for each species submitted)

Date Submitted: \_\_\_\_\_

Specimen ID (if Any): \_\_\_\_\_

Submitters Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Finder's name and address (if different from above):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**Species:** \_\_\_\_\_

**# Submitted:** \_\_\_\_\_

**Date** Specimens(') found or reported: \_\_\_\_\_

**Location** where specimens(') found (important—be specific): \_\_\_\_\_

**Latitude:** \_\_\_\_\_ **Longitude:** \_\_\_\_\_ or **UTM Coordinates:** \_\_\_\_\_

**Specimen:**      **Age:** \_\_\_\_\_      **Sex:** \_\_\_\_\_      **Circle one:** 1) Whole Carcass 2) Portion(s)

Total # **dead** (by species): \_\_\_\_\_      # **sick** (by species): \_\_\_\_\_      # **healthy** (by species): \_\_\_\_\_

Please Check (x) one of the following:

**Found Dead:** \_\_\_\_\_      **Found Alive & Died:** \_\_\_\_\_      **Euthanized/killed:** \_\_\_\_\_ (Killed **how?** \_\_\_\_\_)

**Shot/Trapped:** \_\_\_\_\_      **Angled/Netted:** \_\_\_\_\_ Was animal treated for disease? \_\_\_\_\_ **Treatment?** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_      **How were samples stored?** (cool, frozen, in formalin, fresh, etc.) \_\_\_\_\_

Suspected disease or reason for submission: \_\_\_\_\_

Estimate of when death/die-off first occurred: \_\_\_\_\_

### 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.): \_\_\_\_\_  
 \_\_\_\_\_