

WILDLIFE SUBMISSION FORM

Forwarding Instructions

This animal is the property of the Department of Conservation. Please send a copy of test results to: Wildlife Mortality Database Manager, c/- Pathobiology, IVABS, Massey University, Private Bag 11-222, PALMERSTON NORTH

Submitter Details

Surname: _____
 First name: _____
 Organisation: _____
 Address/Box: _____
 Suburb: _____
 City/Town: _____
 Phone (bus.): _____
 Phone (home): _____
 Mobile: _____
 Fax: _____
 Email: _____

Submission Details

Date submitted: ____/____/____ Submitter ref: _____
 Date found: ____/____/____ Number dead: _____
 Number at risk: _____ Numbersick: _____
 (In-contacts)

Mortality

Date animal died: ____/____/____
 Death circumstances:
 Found dead Infertile
 Found alive and died Euthanased
 Treated and died By-catch
 Capture or release

Specimen Details

Animal Details

(Please use separate page for additional animals)

Species/common name: _____

Animal ID: _____

Identification type: _____
(Leg band, microchip implant, ng tag,attoo toe clip etc.)

Individual name: _____

Sex: Male Female Unknown

Age Classification: Adult Subadult Juvenile

Neonate Foetus Embryo Egg

Date of birth/mating: ____/____/____

Age/incubation/gestation: _____
 period / period Years Months Weeks Days

Where born/hatched Wild Captivity

Weight: _____ g m/kg

Location Type

Wild

Mainland National Park
 Mainland Reserve
 Mainland Private Land
 Maritime Park
 Island
 Coastline
 Sea
 River
 Other: _____

Captive

DoC Facility
 Private Breeding Facility
 Rehabilitation Facility
 Zoological/Wildlife Park
 Other: _____

Location name: _____

Conservancy: _____

Description: _____

Poisons are being used in the area. Please include details of the toxin.

Special requirements for disposal of body parts, e.g. return to submitter for iwi requirements, genetics, or forward to Te Papa etc.

Please state details of which body parts required and invoice submitter for carrier costs.

History

Include any information which you think may be relevant to this case.

Previous health history:

Clinical signs; external examination; individual treatments; abnormal behaviours (feeding, reproductive, agnostic); breeding history; diet with any changes; exposure to toxins; translocation details; previous clinical pathology (attach relevant reports).

Environmental Conditions (including climate):

Enclosure substrate/size/type; group treatments; in-contacts; clutch details if relevant - sire ID/name, dam ID/name, number of eggs, egg lay interval, season number, season clutch number, incubation temperature and humidity.

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Invoice Instructions

Invoice: Submitter National Wildlife Surveillance Fund

(Refer to 'Guidelines for the use of the National Wildlife Surveillance Fund' for eligibility on the WILDLIFE HEALTH PAGE - WGNCR-37176)