

# WILDLIFE SUBMISSION FORM

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: _____ (In-contacts)	Number sick: _____

Mortality	
Date animal died: ____/____/____	
Death circumstances:	
Found dead <input type="checkbox"/>	Infertile <input type="checkbox"/>
Found alive and died <input type="checkbox"/>	Euthanased <input type="checkbox"/>
Treated and died <input type="checkbox"/>	By-catch <input type="checkbox"/>
Capture or release <input type="checkbox"/>	

Specimen Details	
<b>Animal Details</b>	
(Please use separate page for additional animals)	
Species/common name: _____	
Animal ID: _____	
Identification type: _____ <small>(Leg band, microchip implant, ng tag,attoo toe dip etc.)</small>	
Individual name: _____	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>
Age Classification:	Adult <input type="checkbox"/> Subadult <input type="checkbox"/> Juvenile <input type="checkbox"/>
	Neonate <input type="checkbox"/> Foetus <input type="checkbox"/> Embryo <input type="checkbox"/> Egg <input type="checkbox"/>
Date of birth/mating: ____/____/____	
Age/incubation/gestation:	_____
period / period	Years Months Weeks Days
Where born/hatched	Wild <input type="checkbox"/> Captivity <input type="checkbox"/>
Weight:	_____ gm/kg

Location Type	
<b>Wild</b>	<b>Captive</b>
Mainland National Park <input type="checkbox"/>	DoC Facility <input type="checkbox"/>
Mainland Reserve <input type="checkbox"/>	Private Breeding Facility <input type="checkbox"/>
Mainland Private Land <input type="checkbox"/>	Rehabilitation Facility <input type="checkbox"/>
Maritime Park <input type="checkbox"/>	Zoological/Wildlife Park <input type="checkbox"/>
Island <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Coastline <input type="checkbox"/>	
Sea <input type="checkbox"/>	
River <input type="checkbox"/>	
Other: _____ <input type="checkbox"/>	
Location name: _____	
Conservancy: _____	
Description: _____	
<input type="checkbox"/> Poisons are being used in the area. Please include details of the toxin. _____	

<input type="checkbox"/> 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. _____
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History	
Include any information which you think may be relevant to this case.	
<b>Previous health history:</b>	
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).	
_____	
_____	
_____	
<b>Environmental Conditions</b> (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.	
_____	
_____	
_____	

Invoice Instructions	
Invoice: Submitter <input type="checkbox"/>	National Wildlife Surveillance Fund <input type="checkbox"/>
<small>(Refer to 'Guidelines for the use of the National Wildlife Surveillance Fund' for eligibility on the WILDLIFE HEALTH PAGE - WGNCR-37176)</small>	