

Australian Registry of Wildlife Health

Submitter Information Animal Information Organisation -___ Species (common or taxonomic name): Contact name - _____ Address - _____ Animal ID and type:_____ Animals given name: _____ Sex: _______ Weight: ______ g / kg Phone: Work _____ Home ____ Age: Adult / Juvenile / Pouched Young / Nestling / Foetus Approximate age: ____ Yrs / Months / Days (circle) Mobile _____ Fax _____ Email Where animal held: Zoo / Private / Wild / Rehab / Date Submitted: Quarantine / Feral (please circle) Your Ref No.: Lab Ref No:_____ If Wild/Feral/Private, location name (e.g. town/locality): If Zoo, enclosure ID/description: **Epidemiology** Number of Animals Dead: ______ Number of others affected/sick: _____ Date Animal Died: Death circumstances: euthanasia / found dead / treated & died / live - biopsy / died in transit State of specimen: fresh / mild decomposition / moderate decomposition / advanced decomposition (organs not intact) Samples submitted: carcase / blood / tissue / serum / egg / foetus Case History, e.g. where animal was located, state of animal when found, previous medical records or history of animal etc.

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Gross Post Mortem		
External Findings:	 	
Hydration:	 	
Fat Deposits:		
Muscle Mass:		
Internal Findings:	 	
Histological /Microbiology Findings:	 	_
Diagnoses:	 	-
	 	_
	 	_
Comments:	 	-
	 	_
	 	_

Prosector:

Materials Submitted

Tissues (please circle sample form) - Frozen/Fixed/Fresh

Microscopic Slide

Paraffin Block

Necropsy Date:

Electronic Image

Gross Photograph

Written Material/Reports/Publications

Send to:

The Australian Registry of Wildlife Health

Taronga Zoo

Veterinary & Quarantine Centre

PO Box 20

Mosman NSW 2088

Australia

Phone: +61 (02) 9978 4749 Fax: +61 (02) 9932 4376 E-mail: arwh@zoo.nsw.gov.au