



BRITISH COLUMBIA EMERGING ZOOONOSIS (EZ) SENTINEL ANIMAL HEALTH SURVEILLANCE

WILDLIFE SENTINEL SIGN UP FORM (Version: 02/05/2009)

Veterinarian / Other Animal Health Worker Information	
Company/Agency Name	
Sentinel Last Name	
Sentinel First Name	
Address	
City/Town	Postal Code
Phone ()	Fax () Cell () E-mail:
Practice/Work Information	
Type of practice/work	
Animal species seen in last 5 years	
Approximate number of animals seen each year (by species)	
Catchment Area of Practice (geographic area covered by your practice/work) - please describe in as much detail as possible, or enter your address into GoogleMaps (http://maps.google.com/), print, and draw an outline of your area and fax in with your registration form.	
Additional Notes and Preferences	
Which day of the week will complete your reports? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> Daily Case Reporting <input type="checkbox"/> Weekly Case Reporting (see Project Outline: http://www.ezsurveillance.net/Docs/Project_Outline_for_Sentinels.pdf)	
How would you prefer to receive your compensation? <input type="checkbox"/> Cheque at end of study <input type="checkbox"/> Paid conference	
<input type="checkbox"/> Other (please specify) _____	
Additional Notes	
LOGIN ID:	Date Received:

PLEASE FILL OUT FORM AND SUBMIT EITHER BY FAX 604-660-0197 OR EMAIL info@ezsurveillance.net ONCE WE RECEIVE YOUR FORM YOU WILL BE ASSIGNED A LOGIN ID AND A TEMPORARY PASSWORD (THAT YOU CAN CHANGE LATER). All information collected is securely stored under the direction of the British Columbia Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Information Protection Act (PIPA); no identifying information will be released at any time. If you have any questions about this project, please contact Linda Vrbova at 604-720-2422 or vrboval@interchange.ubc.ca.

