



**BRITISH COLUMBIA EMERGING ZOOSES (EZ) SENTINEL
ANIMAL HEALTH SURVEILLANCE
WILDLIFE DATA COLLECTION FORM**

Sentinel Name	
Last Name	First Name
Examination Information:	
Date Case Seen: ____/____/____(d/m/y)	Animal Group: <input type="checkbox"/> Bird <input type="checkbox"/> Mammal Species: _____
# of affected animals (if more than one): ____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both <input type="checkbox"/> Unknown
	Age Group: <input type="checkbox"/> Neonate <input type="checkbox"/> Young of the Year <input type="checkbox"/> Juvenile <input type="checkbox"/> Sub adult <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric <input type="checkbox"/> Unknown
Reason for Examination: <input type="checkbox"/> Found Dead* <input type="checkbox"/> Sick/Disease* <input type="checkbox"/> Orphaned <input type="checkbox"/> Trauma <input type="checkbox"/> Hunted/Trapped <input type="checkbox"/> Research <input type="checkbox"/> Other* _____	
***If Reason for Examination was Sick/Disease or Found Dead or Other, then Select Syndrome and Diagnostic Category:	
<input type="checkbox"/> Behavioral (Neurological) <input type="radio"/> Brain <input type="radio"/> Eyes <input type="radio"/> Peripheral <input type="radio"/> Spinal Cord <input type="radio"/> Other	<input type="checkbox"/> Gastrointestinal <input type="radio"/> Diarrhea <input type="radio"/> Colic/Abdominal Pain <input type="radio"/> Bloat <input type="radio"/> Other
<input type="checkbox"/> Respiratory <input type="radio"/> Pneumonia <input type="radio"/> Problem Breathing <input type="radio"/> Nasal Discharge <input type="radio"/> Other	<input type="checkbox"/> Musculoskeletal <input type="radio"/> Bone/Joint <input type="radio"/> Muscle <input type="radio"/> Foot/Hoof <input type="radio"/> Other
<input type="checkbox"/> Reproductive <input type="radio"/> Abortion <input type="radio"/> Perinatal Mortality <input type="radio"/> Other	
<input type="checkbox"/> More than one body system involved (Multi-Systemic)	<input type="checkbox"/> Sudden Death <input type="checkbox"/> Dermatologic <input type="checkbox"/> Emaciation
<input type="checkbox"/> Other _____	
Do you suspect an infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Date of Onset: ____/____/____(d/m/y) Date of Death: ____/____/____(d/m/y)
Outcome: <input type="checkbox"/> Treated & Released <input type="checkbox"/> Still in Treatment <input type="checkbox"/> Euthanized <input type="checkbox"/> Died <input type="checkbox"/> Transferred <input type="checkbox"/> Other _____	
Laboratory and Specimen Information:	
In-house Test(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Test(s): _____
In-house Post-Mortem: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Result(s): _____
Submitted to Laboratory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Test(s): _____
Laboratory Name: _____	Submission Date(s): _____
	Result(s): _____
Reason for Submitting Sample: <input type="checkbox"/> Obtain a Diagnosis <input type="checkbox"/> Confirmation of Diagnosis <input type="checkbox"/> Important Outbreak <input type="checkbox"/> Severe Case <input type="checkbox"/> Other _____	
Reason for Not Submitting Sample: <input type="checkbox"/> No tests needed, animal(s) not ill <input type="checkbox"/> No tests needed, confident in diagnosis <input type="checkbox"/> Too expensive <input type="checkbox"/> Samples/Carcass Not Appropriate (i.e. decayed) <input type="checkbox"/> Samples not easily obtained <input type="checkbox"/> Test(s)/post-mortem/necropsy done in-house <input type="checkbox"/> Other _____	
Location Where Animal Was Found	
Location (in as much detail as possible – i.e. latitude/longitude, address, intersection/cross-street, city, region): 	
Additional Notes 	
EZ NUMBER:	Date Received: _____

PLEASE FILL OUT FORM AND SUBMIT EITHER BY FAX 604-660-0197 OR EMAIL info@ezsurveillance.net

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.

