**WILDLIFE/Feral Cat *WIth No HuMAN or ANIMAL EXPOSURE* Specimen Collection Request Information FORM**

TO REQUEST A **WILD** ANIMAL SPECIMEN COLLECTION (**INCLUDING RACCOONS, SKUNKS, FOXES, COYOTES, BATS & FERAL CATS**) FOR RABIES TESTING **(WITH NO HUMAN/ANIMAL EXPOSURE)** PLEASE EMAIL THIS COMPLETED FORM TO THE OAVT RABIES RESPONSE PROGRAM DISPATCH CENTRE AT:[**rrp@oavt.org**](mailto:rrp@oavt.org)

**If this case has had human or animal exposure please call RRP before proceeding.**

Questions? Contact us Monday through Friday (except for statutory holidays), between 8:30 am and 4:30 pm at 1-844-872-2437.

Please note: All items indicated below **must** be provided at the time of the request in order for the OAVT to dispatch a RVT to the collection location. Animals for collection **must be confirmed deceased** before requesting collection. Animals should be stored in a cool and dry location when possible prior to the RVTs arrival. A fridge or freezer is best to prevent sample deterioration. The specimen location is responsible for disposal of remains after collection.

**Animal Information:**

**Species:** Click here to choose species **If other please specify:** Click here to enter text.

**Date found:** Click here to enter a date.

**Number of Animals being submitted:** Click here to enter text.

**Date of death (if known):** Click here to enter a date.

**Total Dead:** Click here to enter text. **Total Sick:** Click here to enter text.

**Total Healthy:** Click here to enter text.

**Age:** Click here to enter text. **Sex:** Click here to enter text.

**How was the animal found:** Choose an item

**If other, please explain:** Click here to enter text.

**If held captive prior to death; for how long?** Click here to enter text.

**If euthanized; what method was used?** Click here to enter text.

**How will the sample be stored prior to RVTs collection?** Click here to enter text.

**Clinical signs prior to death/euthanasia (please check all those that apply):**

Trouble walking/standing  Paralysis

Excess salivation/ inability to swallow  Seizures

Difficulty breathing  Abnormal behaviour

Onset of aggressive behaviour  Self-mutilation

Other: Click here to enter text.

**Additional Details (e.g. clinical signs, unusual behaviour and physical appearance, proximity to roads/power lines, potential poisoning etc.):** Click here to enter text.

**Location Where Specimen Was Found:**

**Street Name/Number:** Click here to enter text. **Unit/Apt:** Click here to enter text.

**City:** Click here to enter text. **Postal Code:** Click here to enter text.

**(GPS co-ordinates):**

**Latitude:** Click here to enter text.

**Longitude:** Click here to enter text.

GPS Co-ordinates tool:[**http://www.geocoder.ca/**](http://www.geocoder.ca/)

**Specimen Collection Location information:**

**Contact information for where specimen collection is to occur:**

**Contact name:** Click here to enter text.

**Phone number:** Click here to enter text. **E-mail:** Click here to enter text.

**Street Name/Number:** Click here to enter text. **Unit/Apt:** Click here to enter text.

**City:** Click here to enter text. **Postal Code:** Click here to enter text.

**Type of location:**

**Business** **Residence**

**Hours of Operation/Availability:** Click here to enter text.

**If business, please include:**

**Business Name:** Click here to enter text.

**Internal reference # for this animal (e.g. shelter ID #, patient #):** Click here to enter text.

**Health Unit Contact Information (submitter):**

**Health unit name/code:** Click here to enter text.

**City:** Click here to enter text.

**Health unit internal rabies investigation reference number:**  Click here to enter text.

**Health unit e-mail address:**  Click here to enter text.

**Health unit contact person for any issues (Name/Phone Number):** Click here to enter text.

**Health unit’s 24-hour contact number for samples being shipped as Biological Substance, Category B** (This number should not be zone specific and must be answered by a live person 24-7. If there is a problem with the shipment, Purolator needs to be able to reach a live person 24-7): Click here to enter text.

*All results will be returned by email to your PHUs rabies dedicated email address. Specimens will be processed once weekly with results to follow.*