



Prof. Dr. An Martel – Prof. Dr. Frank Pasmans

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APPLICATION FORM: NECROPY OF WILD ANIMAL

CLIENT:

SENDER (invoice to):

EMAIL (for report and invoice):

TELEPHONE NR:

VAT-number (if relevant):

CADAVER(S):

SPECIES:NUMBER:

DIED ON:/...../..... (natural / euthanasia / shot by gun)

FOUND DEAD ON:/...../.....

LOCATION:

PROBLEM DEFINITION (symptoms, number of sick animals (%), outbreak since ..., specific question,...):

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.....
.....
.....

I hereby declare (name) to have submitted the cadaver(s) described in this form to Wildlife Health Ghent for the purpose of conducting a necropsy. The costs incurred will be charged to and paid by the sender indicated above. Further laboratory research will always be carried out in consultation with the sender after telephone contact or e-mail regarding the initial necropsy findings.

Signature:

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