New Jersey Sick/Dead Bird REPORT

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| **Agency Receiving Call** | **Call Information** | **Bird Type** |
| NJDA  NJDEP  USDA  VS  WS  NJDOH  Local Health Department  City/Municipality:  County:  Animal Control Officer  City/Municipality:  County:  County Mosquito Control  County:  Other, specify:  Person taking call:  Name:  Phone:  Email: | Date of call:  Time of call:  Type of call:  Sick Bird  Dead Bird  Date/time caller noticed bird:  Exact number of birds affected:  If dead, how long have the birds been dead (if known)?  Indication of cause of illness/mortality? Specify:  Is the bird location near a roadway, power line or structure?  Specify: | Wild – Waterfowl  Wild – Shorebird  Wild – Songbird  Wild – Raptor  Backyard Poultry  Gamebird  Exhibition  Other:  If species known, indicate: |
| **Location of Birds** | **Type of Caller** | **Caller Contact Information** |
| Complete address (including street, city and state), or, general location:    County: | General public  Poultry owner  Government agency  Specify:  Other, specify: | First and last name:  Complete address (including street, city, state and zip code):  County:  Phone: |
| **Action Taken/Resolution** | | |
| No Action Taken  Action Taken: | | |