

**MVZ Accession Donation Form  
General Salvage & Gifts**

**Accession Number:** \_\_\_\_\_  
**Accepted by Curator:** \_\_\_\_\_

Use this form for accessions that are received as general salvage or as gifts from non-permitted donors. Fill out this form completely; continue on back as needed. All specimens **must** have data. List each specimen on the back of this form and/or attach a copy of data. **Each specimen received whole should be bagged individually with a "Dead Animal Salvage Slip" or similar data with species, location, date, collector, and circumstance of salvage.** All individually bagged specimens from one donation should be placed together in a larger bag in the freezer.

Donor Name:	
Donor Address:	
Donor Phone No.	
Donor Email Address:	

Received by MVZ: Date \_\_\_\_\_ Person \_\_\_\_\_

No. of Items: \_\_\_\_\_ (for large donations, complete after specimens are inventoried)

Source (circle only one): Salvage – specimen found dead                      Gift – other donation

Class of items (circle all that apply):      Bird      Mammal      Amphibian      Reptile

Date(s) collected: \_\_\_\_\_

Location (county, state) where collected: \_\_\_\_\_

**MVZ Location:**

Prep Lab chest freezer <input type="checkbox"/>	3 <sup>rd</sup> floor chest freezer <input type="checkbox"/>
Prep Lab walk-in freezer <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Prepared upon receipt by (initials and cat#):	Date:

**Data Format:** NOTE – To be completed by MVZ Staff Curator.

Original field notes <input type="checkbox"/>	Original data slip <input type="checkbox"/>	Copy of notes/data <input type="checkbox"/>	Spreadsheet <input type="checkbox"/>
Correspondence <input type="checkbox"/>	Other <input type="checkbox"/>	Original field notes given to MVZ Archives (date):	

**Permits:** NOTE – To be completed by MVZ Staff Curator.

California: DS-2386 <input type="checkbox"/>	USFWS: MB153526 <input type="checkbox"/>	Other -list number(s):
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**Entered into Arctos:** NOTE – To be completed by MVZ Staff Curator.

Staff Curator:	Date:
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**List of specimen(s) received in this donation (REQUIRED):**

Species	County, State	Collection Date	Condition	Data Quality

**CONTINUE ON BACK WITH ADDITIONAL SPECIMENS, IF NECESSARY.**

