

**Badger Carcass Submission Form (BVDP4)**

**BADGER ID NUMBER**

Lay Vaccinator/ Company Name:.....

Lay Vaccinator/Company Address:.....

Contact Telephone Number:.....

Landowner Name and CPH (if known):.....

Location of badger (GPS reading/grid reference).....

Male  Female  Unknown

Cub  Adult  Unknown

Vaccinated: Yes  No  Unknown

Found Dead  Euthanized

Veterinary surgeon attended: Yes  No

Date:.....

Attending Veterinary Surgeon Name:.....

Contact Telephone Number:.....

Comments (Lay Vaccinator/Attending Veterinary Surgeon)

Name Laboratory submitted to:.....

Laboratory Address:.....

Submitted by:

Print Name:.....Signature:.....Date.....

**Note for Animal Health and Veterinary Laboratories Agency: copy of this form must be submitted with *post mortem* report to:  
AHVLA, Woodchester Park, Tinkley Lane,  
Nympsfield, Stonehouse, Gloucestershire. GL10 3UJ.**

This form is out of date and has been archived.