

## POST-MORTEM REPORT

This is to certify that I have conducted the Post-mortem of the deceased animal on.....day ...../...../20..... Owned by Shri/Smt .....Village.....  
District .....

- 1) Description of the animal [Breed, Colour, Sex] .....
- 2) Ear Tag No..... 3) Age..... 4) Disease .....
- 5) Date when affected.....
- Date & Time of Death .....
- Date & Time of Post-mortem .....
- 6) Whether the body decomposed; yes / No. ....
- 7) Whether rigor mortis present; Yes / No .....
- 8) General Condition of the Body .....
- (Abscess, Bed Sores, Tumor, Fracture)
- 9) Discharge from Natural Orifices .....
- (Colour Consistency Volume)
- 10) State the condition of udder .....
- (If Female)

### **ABDOMINAL CAVITY**

- 1) Sub Cutaneous tissue :  
Abdominal Muscles :  
Peritoneum :
- 2) Rumen.....Reticulum.....  
Omasum..... Abomasum.....

- 3) Intestines: a) Large..... b) Small.....
- 4) Mesentry&Mesentric glands.....
- 5) Liver & Gall Bladder: .....
- 6) PortalVein..... 7) Spleen.....
- 8). Diaphragm.....9) Kidneys.....

(Space for explanation if any)

**PELVIC CAVITY**

- 1) Uterus..... 2) Pelvic Cavity.....

(State whether any abnormality is found in the Pelvic Cavity)

**THORACIC**

- 1) Pleura..... 2) Lungs.....
- 3). Pericardium..... 4) Heart.....
- 5) Endocardium..... 6) Valves.....

(Space for explanation if any)

**GENERAL**

- 1) Trachea..... 2) Oesophagus.....
- 3). Larynx..... 4) Pharynx.....
- 5) Tongue..... 6) Mouth.....
- 7) Brain..... 8) Spinal Cord.....

In my opinion the Animal described above dies due  
to.....  
.....  
.....

(State Whether Animal died due to any Specific Contagious Disease if any)

**Signature**

**Name**.....

**Address with Seal**

Place :

Date:

**TREATMENT CERTIFICATE**

(To be completed by the Veterinary Doctor)

This is certify that I have treated the animal of the following description:

belonging to

Sri/Smt.....

Village.....District.....

- 1. Kind of Animal & Breed :
- 2. Sex :
- 3. Age/Dentition :
- 4. Colour :

5. Branding /Tattoo No. Tag No. :

6. Tentative Diagnosis :

The treatment given on various days is as follows:

Registration number	Date	Symptoms	Drugs Administered

\* If the space is not sufficient, further particulars can be furnished on a separate sheet

7. Please state whether the animal was vaccinated?

If yes, details of date of Vaccination and the disease against which Vaccination was done.

8. If not treated, give reasons :

Approximate value of the animal is Rs.....

**Signature**

**Name.....**

**Address with Seal**

Place :

Date :

