

POST MORTEM REPORT

Serial No. Date.....
Dr..... Vety. Hosp.....
(Veterinary Officer)
Dt. & Hr. of Exam..... Dt & Hr. of Death.....
Camp.....

Certified that on thisday of..... I have
(Date) (Month & Year)

Examined a.....at the request
(Kind of Animal)
of.....said to be
(Name & Address)

having the following description :

IDENTIFICATION

A.
(Species) (Breed) (Sex) (Age) (Colour) (Height)

B. Marking

EXTERNAL EXAMINATION

A.
(condition of Cadaver) (Hair coat) (Body Orifices) (Scars)
.....
(Injuries, Superficial tumors etc. with location and dimension)

C..... D.....
(Condition of pupil &eye) (Rigor-Mortis)

INTERNAL EXAMINATION

A. Respiratory system.....
(Larynx) (Trachea)

.....
(Bronchi) (Lungs) (Pleura) (Lymphnodes)

B. Cardio vascular system.....
(Heart including valves & coronary vessels)

.....
(Aorta, Blood, Serum Colour, coagulation etc. & Lymph vessels)

C. Spleen.....

D. Liver.....
(Gall Bladder) (Bile Duct)

E. Gastro Intestinal tract.....
(Mouth) (Tongue) (Oesophagus)

.....
(Rumen) (Reticulum) (Omasum) (Abomasum/Stomach)

.....
(Small intestine) (Caecum) (Colon) (Rectum) (Anus)

F. Urinary Tract.....
(Kidneys) (Ureters) (Bladder) (Urethra)

G. Genital System.....
(Penis/Vulva) (Testes/Ovaries)

.....
(Epididymus/Oviducts) (Spermatic Cord/Uterus)

.....
(Prostate/ Cervix) (Seminal Vesicles/Vagina) Bulbourethral Glands

H. Head

I. Brain

J. Spinal Cord.....

K. Bones and Joints.....

L. Musculature.....

BACTERIOLOGICAL/ CHEMICAL EXAMINATIONS
.....
.....

OPINION AS TO THE CAUSE OF DEATH
.....
.....

Signature.....
Name.....
Designation.....
R.V.C. No.