

Post Mortem Certificate

Book No. _____

Sr. No. of. Autopsy _____

Name of the Institution / Hospital _____

Reference No. of requisitioned _____

Owner s Name / Address _____

Date & Time of death _____

Date & Time of receipt of the carcass _____

Date & Time of Autopsy performed _____

Autopsy performed by Dr. _____ at Place _____

Description of Carcass

Species _____ Breed _____

Age _____ Sex _____ Color _____

Identification marks

Natural _____

Acquired _____

Tag No. _____

History

A. Body condition and External findings

B. Internal findings.

1 **Condition of Lymph nods & serous Membrass.**

2 **Buccal cavity.**

3 **Thoracic cavity**

4 **Abdominal cavity**

5 **Pelvic cavity**

- 6 **Cranial cavity**
- 7 **Any other abnormality witnessed**

Opinion:-

Date of Issue of:-
(Postmortem Report)

Signature / Thumb impression
of requisitioner:-

Signature

(Name in block letters with office seal of issuing authority)

Designation
Regd.No. _____
(Pb.Vety. Council.)

Received Fee of Rs. _____ Vide receipt No. _____ Dt. _____