

Schedule X LIV form No. 14 (New), 12 (Old)

REPORT OF POST-MORTEM EXAMINATION

Serial No. _____

Species Breed.....

Colour Sex..... Age

Owner's Name

Residence

By whom sent for examination

and reasons if any :-

Date and hour of { Death :-
P.M. Examination :-

History :-

External appearance (Describe wounds,
discharge, etc.) :-

Internal appearance on removal of skin
(describe contusions, etc.) :-

Mouth and pharynx :-

Nasal cavities :-

Larynx, Trachea :-

Oesophagus :-

Pleural Cavity and Lungs :-

Pericardium and Heart :-

Peritoneal cavity :-

Liver :-

Spleen :-

Stomach and small intestines :-

Large intestines :-

Urinary organs :-

Generative organs :-

Brain and spinal cord :-

Lymph glands in general :-

Blood (state if smears went for
microscopical examination) :-

Diagnosis on above examination :-

Remarks (state if viscera sent to
Chemical Examiner, give date of
dispatch) :-

Results of { Microscopical examination of
blood etc.
Chemical analysis :-

Place where P.M. Examination was made _____ thana

Dated : _____

Veterinary _____ Inspector
Assistant Surgeon