Schedule-XLIV

FORM NO.-II

REPORT ON POST MORTEM EXAMINATION

Serial No..........................

Species-................................., Colour-...........................,Sex-...............................,Age-.......................

Owner-...........................................................,Residence- ....................................................................

Tag No.(Ear Tag/otherwise)-..........................................

By whom sent for examination & reasons, if any:-

Date & hour of Death:-

and P.M. Exam.:-

History (Anamnesis):-

External appearance (describe wounds, discharges etc.):-

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

Mouth & Pharynx:-

Nasal Cavities:-

Larynx, Trachea :-

Oesophagus:-

Pleural Cavity & Lungs:-

Pericardium & Heart:-

Peritoneal Cavity:-

Liver:-

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Spleen:-

Stomach(Rumen/others as per specis) & Small Intestine :-

Large Intestine:-

Urinary Organs:-

Generative Organs:-

Brain & Spinal cord:-

Lymph Gland in general:-

Blood (state if smear sent for microscopical examination):-

**Diagnosis on above examination** :-

Remarks(State if viscera sent for chemical examination, give Date of Despatch) :-

Result of microscopical examination of Blood etc.:-

Chemical analysis:-

Place where P.M. Examination was made:-

Date:-

(Signature & Seal of the Veterinarian )