

_____ **Zoological Park**

Post-Mortem Report

No.					Date:		
Kind of animal	Scientific name	Sex	Personal name Animal ID/or National Studbook number (if any)	Age	Size	Weight	

Time, date and place of death

Time and date of post-mortem Examination

Short history of illness, if any.

A. General description:

B. Organ-wise description of lesions _____

1. Head and neck
(a) Skull and brain (b) Cervical vertebrae
2. Thorax
(a) Lungs (b) Heart (c) Ribs
3. Abdomen
(a) Liver (b) Stomach (c) Intestines
(d) Kidney (e) Spleen
4. Pelvic girdle
(a) Uterus and Ovaries (b) Bladder (c) Genital passage
5. Limbs
(a) Fore limbs (b) Hind limbs
6. Any other special features:
Biological tests done (if any)
i) Blood ii) Urine iii) Discharges iv) Biopsy
7. Opinion (cause of death)
8. Instruction for disposal

Place:

Date:

Signature
Name
Designation

(Seal)