**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zoological Park**

**Post-Mortem Report**

No. Date:

Kind of animal Scientific name Sex Personal name Age Size Weight

 Animal ID/or

 National Studbook

 number (if any)

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)