

PROFORMA REPORT OF POST-MORTEM EXAMINATION-MORTEM EXAMINATION.

- 1.Name and address of the owner of the animal/ Birds –
- 2.Species and breed of animals –
- 3.Age _____
- 4.Sex _____
- 5.Colour _____
- 6.Identification mark _____
- 7.Date and time of death of animal/ Birds _____
- 8.Date and time of Post-mortem examination _____

Post-mortem findings

1. External Examination findings _____
2. Internal Examination findings _____
 - a) Head/oral cavity/tongue _
 - b) Neck _____
 - c) Thoracic region.

- i)Lung-
- ii) Diaphragm
- iii) Heart

d) Abdominal region.

- i) Liver
- ii) Spleen,
- v) Omasum
- viii) Urinary organs.
- ix) Genital organs
- x) Anus.

- iii) Rumen
- vi) Abomasum

- iv) Reticulum
- vii) Kidney

e) Tail-

Opinion on cause of death-

Signature of Examining
VAS/E.O. (Vety)

Application for issue of valuation certificate

To,

The Veterinary Asstt. Surgeon/ Extension Officer (VETY.)

..... State / Block Dispensary

Sub: Application for valuation certificate for selling / purchase of Livestock/
Birds (Home reared)

Sir,

With reference to the subject cited above, I have the honour to inform you that, I intend to sell/
purchase of Home reared Livestock/ Birds as described below.

Therefore, I request you kindly to examine the said livestock/ Birds and issue of valuation
certificate.

Description of Livestock/ Birds for issue of Valuation certificate

Species and breed –

Sex _____ Age _____

If Female :

- a) Nos. of lactation –
- b) Daily milk yield c)
- Sex of calf at heel –
- d) Production record of Sire/ Dam – (if know)
- e) Date of calving
- f) If pregnant – no of month/ days and expected date of delivery.

If Male :-Breeding/ Castrated/ unit for breeding/ ploughing purpose/ pulling cart purpose.

Colour :-Identification mark (if any)

Date:

Yours faithfully

Name:

S/o :

Vill :

P.O. :

P.S. :

Dist. :

ANIMAL VALUATION CERTIFICATE

Certified that I have this _____ day of _____ at _____
examined an animal of the following description and found it to be of sound health and free from
communicable disease :

- 1) Species :
- 2) Breed :
- 3) Sex :
- 4) Colour :
- 5) Height :
- 6) Body Weight (approx) :
- 7) Purpose of use :
- 8) Lactation (if a female):
- 9) Current Milk Yield (if lactating) :
- 10) Current Market Value (Rs.)

Date

Place :

Name, Designation & Registration
Number of Veterinarian