#### 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)Lungii) 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 Vet	erinary Asstt. Surgeon/ Extension Officer (VETY.)	
	State / Block Dispensary		
	Sub:	Application for valuation certificate for selling / purchase of Livestock/ Birds (Home reared)	
Sir,			
purchase of Hom		Terence to the subject cited above, I have the honour to inform you that, I intend to sell/Livestock/ Birds as described below.	
certificate.	Therefore, I request you kindly to examine the said livestock/ Birds and issue of valuation		
	Descrip	tion of Livestock/ Birds for issue of Valuation certificate	
Species and bree	d –		
Sex	A	ge	
If Female :			
e) Date of calvin	eld c) el – cord of Si g	re/ Dam – (if know) th/ 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. :

### ANNEXURE-C

## 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