दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड
THE NEW INDIA ASSURANCE COMPANY LIMITED

Head Office: 87, M G Road, Fort, Mumbai-400001
CIN No: L66000MH1919GOI000526 / IRDAI Regn. No.190

Animal Post Mortem report

1. Name and Address of the insured:
2. Description of animal (Breed, colour, identification marks etc):
3. Ear Tag Number:
4. Whether Tag intact at P.M. or not.
5. Age:
6. Cause of Death (Disease/Accident)
7. Date when disease contracted:
8. Date and time of Death
9. Date/Time/Place of Post Mortem:
10. Whether the carcass was decomposed
11. Stage of Rigor-Mortis
12. General condition of the body(Debility, Emaciated, Abscesses,Tumor, Swelling, Wounds etc.)
13. Discharge (if any, from Natural orifices stating its colour and consistency).
14. Colour, Quantity and consistency of fluid, if any (anywhere inside the body).
15. Trachea

16. Oesophagus

17. Pharynx

18. Larynx

19. Mouth & tongue

20. Brain

21. Spinal cord

22. Pluera

23. Lungs

24. Pericardium

25. Heart
- Size & Abnormality.
- Endocardium.
- Myocardium

26. Diaphragm

27. Peritoneum

28. Lymph nodes (External & Internal state the site and finding)

29. Arteries and Veins (Rupture of any abnormality.)

30. Findings of Rumen-Reticulum-Abomasum -Omasum –

31. Mesentry & Mesentric glands

32. Intestine:
- Small:
- Large:

33. Liver

34. Gall Bladder

35. Spleen

36. Kidneys

37. Pelvic cavity
- Examine Uterus & note the condition
- Quantity, consistency & colour of any abnormal fluids.
- Nodule, Abscesses

38. Urinary Bladder

39. If female-note the condition of udder

40. If male - note the condition of genital organs

41. 1. Laboratory Examination Report

- Blood
- Urine
- Faecal matter
- External Parasite
- Internal Parasite
- Protozoa
- Bacterial Examination
- Ruminal &Intestinal contents
- Any other material (if examined)

II. Laboratory Report Number

42. General remarks & advice.

This is to certify that the animal as described above died due to_____ on_____ and I have personally visited the place and conducted post-mortem on_____ at _____ hours.

Date:

Place:

Signature:

Name:

Qualification:

Reg. No.

Address:

*This Form should be completed without delay and forwarded direct to the Company.