

MANOR COURT VETERINARY CENTRE

CHURCH STREET TARVIN CHESTER CH3 8EB

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PIGEON POST MORTEM EXAMINATION REQUEST FORM

Owner Name and Address

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Contact Tel No

Has another Vet been consulted YES / NO

If yes please give name and address

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Number Submitted Age of Bird(s)

Total number of birds kept Number affected

When did problem start? Had this been seen before? YES / NO

Water system Feed used

Describe main symptoms or tick headings below

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Respiratory Signs Nervous Signs Diarrhoea Paralysis Deaths

Lameness Feather Loss Loss of Weight Poor Performance

Any treatments used with dates administered.....

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Have birds raced recently?

Signed:..... Date:.....