

**MANOR COURT VETERINARY CENTRE
POST MORTEM REQUEST FORM**
Email: manor@willowsvetgroup.co.uk

PM REF NO:

ACCOUNT NAME OWNER / SITE NAME.....
ADDRESS

Tel No: Mobile:
E-Mail: Fax No:

Has another Veterinary Surgeon been consulted? YES / NO
Name of Veterinary Surgeon

No. Of Specimens Age Breed Alive Dead Killed
No. In affected building No. On site % looking ill

Mortality figures Increasing/Decreasing/Static
When did losses start?
Egg production figures
Type of housing Cages / Wire / Deep litter / Free Range
Feed manufacturer Type of feed
Type of drinker Any recent shortage? Yes / No

SYMPTOMS (tick if applicable)

OTHERS

LAMENESS		SNICKING		
NERVOUS SIGNS		WATERY EYES		
DIARRHOEA		HEAD SWELLING		
SUDDEN DEATHS		POOR EGG PRODUCTION		
POOR LIVEWEIGHTS		POOR SHELLS		

Describe the problem in your own words

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Previous Site History

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Current Vaccination / Treatment

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Signed Date.....