

# Veterinary Report

Veterinary Clinic: _____ Address: _____	Veterinarian: _____
Owner's Name: _____ Address: _____	
Animal Identification _____ Species: _____ Breed: _____ Registration #: _____ Identification: Tattoo: _____ Other Ear Tags: _____	Name: _____ Colour: _____ Sex: M _____ F _____ Age: _____ Weight: _____ Official Ear Tag: _____ Other: _____
Location and Position of Animal: _____ _____ _____ _____	
Results of Physical Examination: _____ _____ _____ _____ _____ _____ _____ _____	
Results of Post Mortem Examination (if Applicable): _____ _____ _____ _____ _____ _____ _____	



Death or Injury a result of a hereditary characteristic or pre-existing condition?

Yes  No

Was the animal diseased or sick prior to death?

Yes  No

Has this animal been treated by you?

Yes  No

If yes, please outline:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned veterinarian, fully licensed to practise in the Province of \_\_\_\_\_

Certify that I have examined the above animal on the \_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

(a) And was unable to determine the cause of injury or death

(b) And have clearly determined the cause of injury or death

Cause of Death or Injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Death or Injury: \_\_\_\_\_

\_\_\_\_\_  
signature D.V.M. \_\_\_\_\_  
date

Note to Veterinarian:

All fees for this report must be invoiced to the owner of the animal.  
For insurance purposes, the disposition of the animal must be authorized by SMI  
Please include a copy of any laboratory reports if conducted.