



Logan Livestock Insurance Agency Pty Ltd

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AFS Licence No. 238959

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VETERINARIAN'S REPORT

THIS IS AN IMPORTANT DOCUMENT. PLEASE ANSWER EACH QUESTION CAREFULLY. IF THERE IS INSUFFICIENT SPACE ON THIS FORM TO PROVIDE FULL DETAILS PLEASE ATTACH A SEPARATE SHEET.

Attending: _____ Consulting: _____

If a referral, by whom: _____

1. Owners Name: _____

2. Animal referred to in this statement:

Name of Animal: _____ Age & Sex: _____

Breed: _____ Brands: _____

Sire: _____ Dam: _____

Colour: _____ Markings: _____

3. Does your practice normally attend to this Animal? _____ Yes/No

4. When did you first attend to this animal in connection with the present illness/injury?

Date: _____ Time: _____ am/pm

5. Location of the animal at the time of injury or onset of illness: _____

6. What was your diagnosis of the sickness or injury? _____

7. State the probable cause of the sickness or how the accident occurred:

8. Under whose veterinary treatment has the animal been since the condition was diagnosed?

9. Describe the treatment given and recommendations made:

10. When did the sickness/injury first show signs?

Date:

Time:

am/pm

11. a) In your opinion has the illness or injury been accelerated or caused by lack of care, neglect, overwork or improper housing on the part of the owner, his servants or by any other party?

Yes/No

b) If yes, give details:

12. a) In your opinion has the animal received proper care and treatment on a timely basis before and after the sickness/injury?

Yes/No

b) If no, give details:

13. For what purpose has the animal been used?

14. a) Did the sickness/injury appear to be an entirely new one and not a recurrence of an old one?

Yes/No

b) If no, give details:

15. a) Had the animal undergone any surgical procedures or received any medical treatment which is relevant to the sickness/injury?

Yes/No

b) If yes, give details:

16. What was the date and time of death:

Date: _____ Time: _____ am/pm

17. What was the actual cause of death?

18. a) In your opinion, was the sickness or injury referred to above the sole cause of death? Yes/No

b) If no, give details:

19. a) Was the Animal destroyed? Yes/No

b) If yes, was the Animal destroyed on humane grounds or other (if other please elaborate)?

20. Prognosis (if the Animal is still alive):

21. Remarks/Comments:

I, _____, the undersigned, a graduate veterinarian _____(degree), do hereby declare the above particulars are, to the best of my knowledge and belief, true and accurate and that no information which ought to be given has been withheld by me.

Signature: _____ Date: _____

Address: _____

Phone Number: _____

POST MORTEM/AUTOPSY REPORT

(TO BE COMPLETED ONLY IN THE EVENT OF THE DEATH OF THE ANIMAL)

Owner: _____ Animal: _____

Date and time of post mortem: _____ Hour: _____ am/pm

Performed by: _____

Findings, including cause of death: _____

Additional remarks: _____

I, _____, the undersigned, a graduate veterinarian
_____ (degree), do hereby declare the above particulars are, to the best of my
knowledge and belief, true and accurate and that no information which ought to be given has
been withheld by me.

Date: _____ Signature: _____

Address: _____

Phone no.: _____

POST MORTEM/AUTOPSY IDENTIFICATION FORM

(THIS FORM MUST ACCOMPANY THE POST MORTEM/AUTOPSY REPORT)

NAME _____ AGE _____

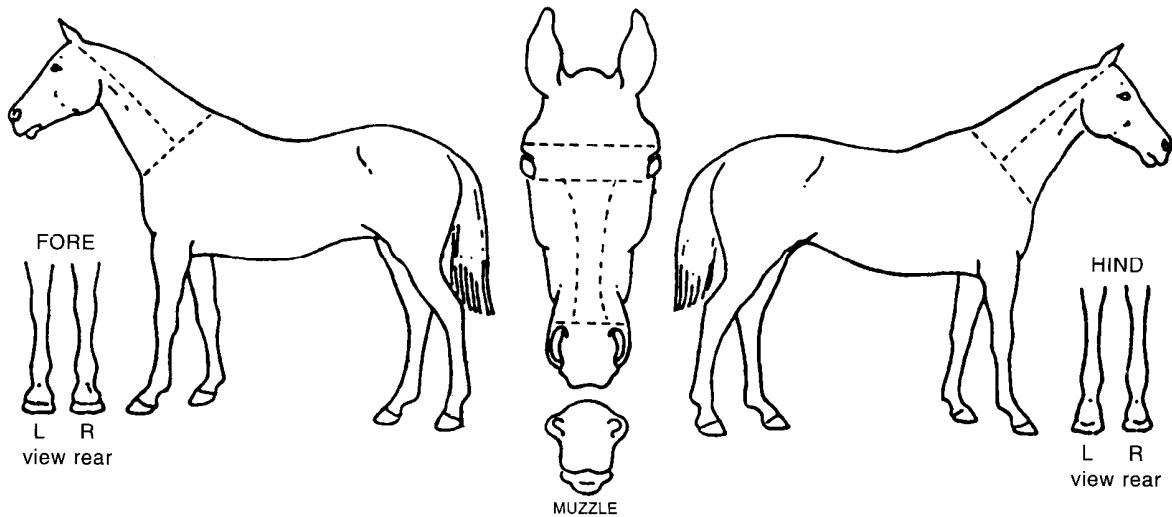
SIRE _____ BREED _____

DAM _____ COLOUR _____

SEX _____

OWNER'S NAME AND ADDRESS:

MARKINGS:



COMMENTS:

ATTENDING VETERINARIAN: _____

SIGNATURE: _____ DATE: _____