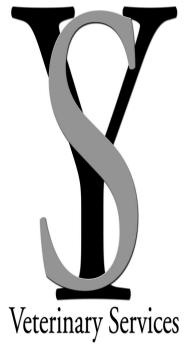


GAME BIRD



POST MORTEM SUBMISSION FORM

Client Name:

Date:

Client Address:

Email address (if electronic
copy of report wanted):

.....

.....

Species of Birds Submitted: Pheasant ☐ Partridge ☐ Guinea Fowl ☐ Other ☐

Breed:

No. Birds Submitted:

Age of Birds: days / weeks (delete as appropriate)

History:

Rearing details:

Origin of days olds:

Mortality to date:

Problems: (tick as appropriate)

Deaths ☐ Number dead:

Loose faeces ☐ Poor weight gain ☐

Depressed ☐

Other (please give details) / Further Information:

.....

.....

Details of any medications given previously:

.....

Please complete and leave with the birds you are submitting for post mortem