



# Ottawa Humane Society Veterinary Necropsy

Date : \_\_\_\_\_ (Complete) Activity: A\_\_ - \_\_ (Complete) Investigator: \_\_ (Complete) \_\_\_\_\_

Animal ID: A \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Weight: \_\_\_\_

Description (Colour/Markings): \_\_\_\_\_

Date Necropsy Performed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I, \_\_\_\_\_ am a licensed Veterinarian in the Province of Ontario.

Pertinent history information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General condition of animal: \_\_\_\_\_

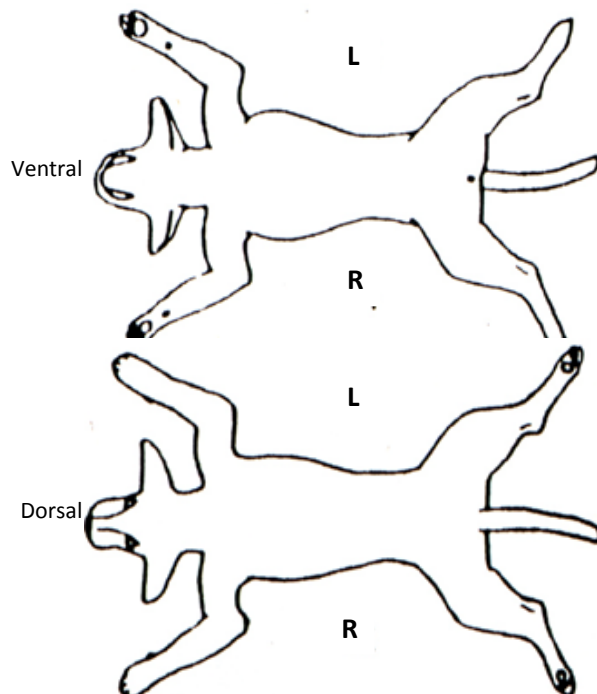
## Examination

Body Condition:

*Circle appropriate Body Condition as per WSAVA Global Nutrition Committee*

1	2	3	4	5	6	7	8	9
Ribs visible on shorthaired cats. No palpable fat. Severe abdominal tuck. Lumbar vertebrae and wings of ilia easily palpated.	Ribs easily visible on shorthaired cats. Lumbar vertebrae obvious. Pronounced abdominal tuck. No palpable fat.	Ribs easily palpable with minimal fat covering. Lumbar vertebrae obvious. Obvious waist behind ribs. Minimal abdominal fat.	Ribs palpable with minimal fat covering. Noticeable waist behind ribs. Slight abdominal tuck. Abdominal fat pad absent.	Well-proportioned. Observe waist behind ribs. Ribs palpable with slight fat covering. Abdominal fat pad minimal.	Ribs palpable with slight excess fat covering. Waist and abdominal fat pad distinguishable but not obvious. Abdominal tuck absent.	Ribs not easily palpated with moderate fat covering. Waist poorly discernible. Obvious rounding of abdomen. Moderate abdominal fat pad.	Ribs not palpable with excess fat covering. Waist absent. Obvious rounding of abdomen with prominent abdominal fat pad. Fat deposits present over lumbar area.	Ribs not palpable under heavy fat cover. Heavy fat deposits over lumbar area, face and limbs. Distention of abdomen with no waist. Extensive abdominal fat deposits.

	Normal	Abnormal	Not Examined
Skin/Coat			
Claws			
Eyes			
Ears			
Mouth/Teeth			
Digestive			
Musculoskeletal			
Urinary			
Hemolymphatic			
Respiratory			
Cardiovascular			
Reproductive			
Endocrine			
Nervous			
Body Cavities			



**Description of findings:**

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**Labarotory testing/Radiographs performed?** *(please circle)* Yes / No

Test(s) Performed: \_\_\_\_\_ Date: \_\_\_\_\_

Findings: \_\_\_\_\_

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**Summary of findings and Conclusions:**

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*The above statement is an accurate summary of my findings*

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Date

Entered into Animal Record: Date: \_\_\_\_\_

By: \_\_\_\_\_

Investigations Notified: Date: \_\_\_\_\_

By: \_\_\_\_\_