

DAIRY CALF CERTIFICATE OF DEATH

1. Animal ID/Tag	2. Date of birth (M/D/Y)	3. Date of death (M/D/Y)
4. Breed	5. Manner of death <input type="checkbox"/> Unassisted <input type="checkbox"/> Euthanasia	
6. Was there evidence of diarrhea or respiratory disease? <input type="checkbox"/> Diarrhea <input type="checkbox"/> Respiratory disease		

7. Was a necropsy performed?     yes     no    Document relevant findings below:

WADDL USE ONLY

8. CAUSE OF DEATH. Part I.

Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. _____ Due to (or as a consequence of):	_____ _____
Sequentially list conditions, if any, leading to the cause listed on line 'a'. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) on line 'd'.	b. _____ Due to (or as a consequence of):	_____ _____
	c. _____ Due to (or as a consequence of):	_____ _____
	d. _____	_____ _____

Approximate interval:  
Onset to death

**PART II.** Enter other significant issues or conditions contributing to death that are not outlined in Part I.

9. Specify treatments and dates of treatments:     No treatments

Antibiotics:  Cephalosporins     Enrofloxacin     Florfenicol     Macrolides     Penicillins     Sulfonamides     Tetracyclines

Dates: \_\_\_\_\_

Other treatments:  Antiinflammatories     IV fluids/electrolytes     Oral fluids/electrolytes     Vitamins

Dates: \_\_\_\_\_