



WASHINGTON STATE UNIVERSITY
EXTENSION

Veterinary Medicine Extension

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.

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