

## AICRP on Goat Improvement Unit Name & Institute Name



## **Mortality Register**

Animal No.		Name of		Name of Owner	
	•••••	Village			
Date of		Date of Death		Symptoms	
Birth					
Cured/Died		PM Findings		Diagnosis	
			•••••		
System			Remarks		
Affected			•		
Date					
				Signature of the Investigator	
				(	)