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7 जारी पोस्टमार्टम रिपोर्ट का विवरण
पोस्टमार्टम रिपोर्ट संदर्भ संख्या
जारी करने की तारीख
जारी करने का स्थान

हस्ताक्षर

नाम एवं पदनाम

राज्य पशुचिकित्सा परिषद्/भारतीय पशुचिकित्सा
परिषद् के साथ पंजीकरण संख्या

सरकारी मुहर

[फा. सं. 51-44/90-एलडीटी(आरपी) (भाग-IV)]

राजबीर सिंह राणा, संयुक्त सचिव

MINISTRY OF AGRICULTURE

(Department of Animal Husbandry, Dairying and Fisheries)

NOTIFICATION

New Delhi, the 14th December, 2010

G.S.R. 974(E).—In exercise of the powers conferred by section 42 of the Prevention and Control of Infectious and Contagious Diseases in Animals Act, 2009 (27 of 2009), the Central Government hereby makes the following rules, namely:—

1. Short title and commencement.—(1) These rules may be called the Prevention and Control of Infectious and Contagious Diseases in Animals (Form of Vaccination Certificate, Manner of Post Mortem Examination and Disposal of Carcass) Rules, 2010.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions.—(1) In these rules unless the context otherwise required;

(a) 'Act' means the Prevention and Control of Infectious and Contagious Diseases in Animals Act, 2009 (27 of 2009);

(b) 'Form' means Form appended to these rules;

(c) section means a section of the Act.

(2) Words and expressions used in these rules and not defined but defined in the Act shall have the same meaning as respectively assigned to them in the Act.

3. Form of vaccination certificate.—(1) The Director shall notify the institutions for agencies and persons competent to vaccinate the animals and issue vaccination certificate under section 9 of the Act in the controlled area, free area or infected area.

(2) The persons notified by the Director under sub-rule (1) for issuing vaccination certificate shall issue a vaccination certificate to the owner of the animal as early as possible but not exceeding three weeks from the date of vaccination and shall maintain proper record of vaccination.

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- (3) The vaccination certificate for animals other than poultry shall be specified in Form A.
- (4) The vaccination certificate for poultry shall be as specified in Form B.
- (5) The vaccination certificate shall be bi-lingual of which one language shall be vernacular.

4. Manner of conducting examination and post mortem.—(1) The veterinarian or the veterinary officer shall—

- (a) arrange the examination and post mortem in proper lighting condition and at a secluded place either at the owner's premises or the nearest location, as considered appropriate by the competent officer.
- (b) arrange collection of appropriate samples for confirmation of the scheduled notified disease and dispatch the samples to appropriate laboratories.
- (c) arrange disposal of carcass as specified in rule 5 of these rules.
- (d) arrange disinfection of the premises and the place where post mortem examination was conducted.
- (e) provide a copy of the post mortem report to the owner of the animal in Form C, and inform the Director if in the opinion of the Veterinarian or the Veterinary Officer, the death is caused by a scheduled notified disease.

(2) No post mortem shall be conducted when the cause of death is suspected to be Anthrax.

5. Disposal of the carcass of an animal infected with a scheduled notified disease.—(1) The carcass of an animal that has died of a scheduled notified disease, or the carcass of the animal euthanized under section 25, the owner of the animal shall dispose off the carcass either by burial, incineration or rendering.

(2) The veterinarian shall supervise the burial or incineration, which shall be performed preferably at the premises of the owner of the animal or the nearest location, as considered appropriate by the competent officer.

(3) The competent officer, if required, shall arrange transportation of the carcass of the infected animal in a secured vehicle to the site of the disposal and the vehicle used for transportation of the dead animal shall be properly cleaned and disinfected by the vehicle owner.

(4) The veterinarian or the Veterinary Officer shall ensure that the disposal of carcass is by any one of the following methods, namely :—

(a) **Burial.**—(i) the size of the pit for the burial shall be bigger than the size of the animal that allows all parts of the animal carcass to be buried in the burial pit and at least one metre of covering soil shall be used to cap the pit.

(ii) a layer of five-centimetre lime shall be put at the bottom of the burial pit and again over the carcass before filling the soil.

(iii) the pit for burial shall be at least twenty metres away from watercourse and two hundred and fifty metres away from well, bore-well or water spring used as a source of drinking water.

(iv) the pit for burial shall not be in a seasonal water-logged or flood prone area.

(v) for mass burial, the site shall be at least two hundred fifty metres away from human habitat.

(b) **Incineration.**—(i) incineration shall be continued till the animal carcass is reduced to ashes.

(ii) the site identified for incineration shall be at least two hundred fifty metres away from human habitat.

(c) **Rendering.**—(i) rendering shall be practiced only on-site by agencies and institutes that have adequate trained manpower in operating the rendering plant.

(ii) the agency or the institute using rendering as a method of infected animal carcass disposal shall maintain proper records of each rendering cycle.

(iii) the rendered product shall not be used as ingredient of animal feed.

6. If any question of interpretation or doubt arises in relation to these rules, the matter shall be referred to the Animal Husbandry Commissioner, Department of Animal Husbandry, Dairying and Fisheries, Government of India, for decision.

Department of Animal Husbandry

Government of

VACCINATION CERTIFICATE FOR ANIMALS OTHER THAN POULTRY

Certificate No. (unique vaccination certificate number)

Valid from (date of vaccination) to (date till valid)

This is to certify that the animal of the following description has been vaccinated against (name of the disease or diseases) on (date of vaccination) by using a vaccine the details of which are given below :

Description of the animal			
Species	(name of the species)	Sex	(male/female)
Identification details	(ear-tag number/tattoo or other form of markings)		
Name of the owner	(full name of the owner of the animal)		
Address of the owner	(full address of the animal owner)		
Owner's contact Phone number			
Details of vaccination			
Name of the vaccine	(vaccine, name)	Vaccine production date	(date of production of the used vaccine batch)
Type of vaccine	(live, inactivated, adjuvant type)	Vaccine expiry date	(expiry date of the vaccine batch used)
Vaccine batch No.	(batch no. of the vaccine)	Vaccinated by	(name of the agency)
Name of the manufacturer	(vaccine manufacturer's name)	Vaccinated by	(name of the vaccinator)
Vaccination certificate issue details			
Date of issue			
Place of issue			

Signature

Name and designation

Registration number with State
Veterinary Council/Veterinary Council of India

Official Seal

Form B

Department of Animal Husbandry

Government of

VACCINATION CERTIFICATE FOR POULTRY

Certificate No. (unique vaccination certificate number)

Valid from (date of vaccination) to (date till valid)

This is to certify that the Poultry of the following description have been vaccinated against (name of the disease or diseases) on (date of vaccination) by using a vaccine the details of which are given below :

Details of vaccinated poultry

Poultry species	(chicken, duck, quail etc.)	Poultry type	(Day Old Chicks, layers, broilers, breeder etc.)
No. of birds vaccinated	(number immunized)	Marking details for identification of vaccination	(painting, wing/leg band etc.)
Name of the owner	(full name of the owner of the animal)		
Address of the owner	(full address of the animal owner)		
Owner's contact			
Phone number			
Commercial poultry establishment	(yes/no)	Backyard poultry	(yes/no)

Details of vaccination

Name of the vaccine	(vaccine name)	Vaccine production date	(date of production of the used vaccine batch)
Type of vaccine	(live, inactivated, adjuvant type)	Vaccine expiry date	(expiry date of the vaccine batch used)
Vaccine batch No.	(batch no. of vaccine)	Vaccinated by	(name of the agency)
Name of the manufacturer	(vaccine manufacturer's name)	Vaccinated by	(name of the vaccinator)

Vaccination certificate issue details

Date of issue

Place of issue

Signature

Name and designation

Registration number with State
Veterinary Council/Veterinary Council of India

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Department of Animal Husbandry

Government of.....

POST MORTEM EXAMINATION REPORT FOR ANIMALS OTHER THAN POULTRY

(1)	(2)	(3)	(4)
PM report No.		PM conducted at (location)	
PM date		PM time	
Ref. by		Ref. date	
1. Animal details			
Species		Breed	
Sex		Age (years)	
Identification No./Mark		Any other	
Colour			
History of illness and treatment			
Date of death		Time of death	
2. Animal owner details			
Name			
Address			
Contact number			
3. External examination			
Rigor mortis		External orifices	
Condition of the carcass		Udder	
Hair coat		Visible Mucous membranes	
Wound/tumor (location and dimension)		Bones and joints	
Other observations			
4. Internal examination			
Thoracic Cavity			
Ribs			
Cartilage			
Pleura			
Diaphragm			
Larynx			
Trachea			
Bronchi			
Lungs			
Lymph nodes			
Pericardium			

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(1)	(2)	(3)	(4)
Endocardium			
Myocardium			
Aorta			
Auricles			
Ventricle			
Oesophagus			
Other observations			
Abdominal cavity			
Peritoneum			
Fluid (colour, quantity and consistency)			
Lymph nodes			
Rumen/Stomach/ Reticulum			
Omasum			
Abomasum			
Small intestine			
Large intestine			
Mesentery			
Portal veins			
Liver			
Gall bladder			
Pancreas			
Kidney & Adrenals			
Ureters			
Urinary Bladder			
Spleen			
Other observations			
Pelvic cavity			
Testicle			
Epididymis			
Spermatic cord			
Scrotum			
Prostrate			
Penis			
Vulva			
Cervix			
Vagina			
Uterus			
Ovary			
Other observations			
	a. Head and Neck		
Scalp			
Skull bones			
Meninges			
Brain			
Spinal cord			
Cervical vertebra			
Thyroids/Parathyroids			

(1)	(2)	(3)	(4)
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Other observations

5. Specimen collection details

Specimen type,
Preservatives used
Tests required
Laboratory address

6. Special observation or abnormalities**7. Opinion as to the probable cause of death****8. Post Mortem Report Issue Details**

Date of issue

Place of issue

Signature

Name and designation

Registration number with State
Veterinary Council/Veterinary Council of India

Official Seal

Form D

Department of Animal Husbandry

Government of

POST MORTEM EXAMINATION REPORT FOR POULTRY

PM report No. PM conducted at (location of death/other)

Date of death Time of death

PM date PM time

Ref. by Ref. date

1. Details of poultry

Specied Breed

Age Sex

Total flock number Number died

Number of dead birds on which PM was conducted

Identification
mark/number if anyHistory of illness and
treatment**2. Owner details**

Name

Address

3. Nutritional details**4. Post Mortem details**

(a) External appearance

(1)

(2)

(3)

(4)

(b) Subcutaneous tissue and musculature

(c) General observations after opening the carcass

(d) Respiratory system

(e) Cardiovascular system

(f) Digestive system

(g) Urinary system

(h) Genital system

(i) Immune system

(j) Nervous system

(k) Miscellaneous observations

5. Opinion as to the probable cause of death

6. Specimen collection details

Specimen type

Tests required

Laboratory address

7. PM report issue details

PM report reference No.

Date of issue

Place of issue

Signature

Name and designation

Registration number with State
Veterinary Council/Veterinary Council of India

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RAJBIR SINGH RANA, Jt. Secy.