

## Q-ALPACA PROGRAM - FORM Q4 – *POST-MORTEM* EXAMINATION REPORT

The Q-Alpaca Program requests that your approved Veterinarian conducts a *post-mortem* examination of **any alpaca over 12 months** of age that dies or is euthanised for any reason, or **any cria under 12 months** with a history of wasting or diarrhoea that dies or is euthanised. Use this form to report the findings.

| <b>A. THIS SECTION TO BE COMPLETED BY THE OWNER / MANAGER</b>                           |             |  |             |  |
|---|-------------|--|-------------|--|
| <b>Identity of the person completing this section</b>                                   |             |  |             |  |
| Name  |             |  |             |  |
| Address   |             |  |             |  |
| Owner of alpacas on the property?   | Yes         |  | No          |  |
| Manager of the property?  | Yes         |  | No          |  |
| Q-Alpaca Program Membership No.   |             |  |             |  |
| Address of property on which the death occurred   |             |  |             |  |
| Date of death   |             |  |             |  |
| Was the animal  | Found dead? |  | Euthanised? |  |
| IAR number, ID number and name of dead alpaca (or just name if not registered)          |             |  |             |  |
| Colour of dead alpaca   |             |  |             |  |
| Sex of dead alpaca  |             |  |             |  |
| Age of dead alpaca  |             |  |             |  |
| Date of last 5 in 1 vaccination   |             |  |             |  |
| Do you treat your alpaca for intestinal worm infestation?                               | Yes         |  | No          |  |
| If YES, state:      Date of last treatment  |             |  |             |  |
| Medication used   |             |  |             |  |
| Dose  |             |  |             |  |
| Do you treat your alpaca for liver fluke?   | Yes         |  | No          |  |
| If YES, state:      Date of last treatment  |             |  |             |  |
| Medication used   |             |  |             |  |
| Dose  |             |  |             |  |
| Do you monitor your alpaca for worm infestation by conducting Faecal Egg Counts (FECs)? | Yes         |  | No          |  |
| If YES, state:      Date of last test   |             |  |             |  |
| Please attach results   |             |  |             |  |

| <b><u>B. THIS SECTION TO BE COMPLETED BY THE VETERINARIAN<br/>CONDUCTING THE POST-MORTEM EXAMINATION</u></b> |     |  |    |  |
|--|-----|--|----|--|
| Animal name, IAR number, ID number   |     |  |    |  |
| Name of stud   |     |  |    |  |
| Was there any clinical or pathological evidence of:  |     |  |    |  |
| Johne's disease  | Yes |  | No |  |
| Intestinal parasites   | Yes |  | No |  |
| Liver fluke infestation  | Yes |  | No |  |
| Gastric ulceration   | Yes |  | No |  |
| Chronic liver disease  | Yes |  | No |  |
| Coccidiosis  | Yes |  | No |  |
| Congenital abnormality   | Yes |  | No |  |
| <b><i>Summary of post-mortem findings</i></b>  |     |  |    |  |
| <b><i>Provisional diagnosis</i></b>  |     |  |    |  |
| <b><i>Name and address of veterinarian completing this section</i></b>                                       |     |  |    |  |
| Date   |     |  |    |  |

Please send a copy of this completed form to your approved veterinarian and to the Registrar, Q-Alpaca Program:

Post this completed form to

Sandra Wright, Q-Alpaca Program  
 Australian Alpaca Association Ltd.  
 P O Box 1076  
 Mitcham North VIC 3132

**OR**

Fax this completed form to

03 9873 7711

**OR**

E-mail this completed form to

[sandra@alpaca.asn.au](mailto:sandra@alpaca.asn.au)