

DEATH CERTIFICATE OF MILITARY ANIMAL

ANIMAL'S UNIT AND LOCATION			SPECIES (X) <input type="checkbox"/> DOG <input type="checkbox"/> EQUID <input type="checkbox"/> OTHER (<i>Specify in Remarks</i>)	
ID/TATTOO NUMBER	SEX	NAME	BIRTH DATE	DATE OF DEATH
CAUSE OF DEATH (<i>If euthanized, provide reason and presumptive diagnosis</i>)				
REMARKS				
I CERTIFY THAT THE FOREGOING IS TRUE.				
TYPED NAME, RANK, UNIT OF VETERINARY OFFICER		SIGNATURE		DATE