

**DEATH CERTIFICATE OF MILITARY ANIMAL**

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