DEATH CERTIFICATE OF MILITARY ANIMAL					
ANIMAL'S UNIT AND LOCATION				SPECIES (X) DOG EQUID OTHER (Specify in Remarks)	
ID/TATTOO NUMBER	SEX	NAME		BIRTH DATE	DATE OF DEATH
CAUSE OF DEATH (If eutha	anized, pro	ovide reason and presump	ntive diagnosis)		
REMARKS					
I CERTIFY THAT THE FOREGOING IS TRUE. TYPED NAME, RANK, UNIT OF VETERINARY OFFICER SIGNATURE DATE					
I I YPED NAME, KANK, UNI	i OF VE	TERINARY OFFICER	SIGNATURE		DATE

DD FORM 1743, JUN 2013 PREVIOUS EDITION IS OBSOLETE.

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