

DEATH CERTIFICATE OF MILITARY DOG

REPORTING FACILITY AND LOCATION				DATE
TATTOO NUMBER	SEX	NAME	WHELPING DATE	DATE OF DEATH
CAUSE OF DEATH (State only immediate cause - Pneumonia, Euthanasia, etc.)				
I CERTIFY THAT THE FOREGOING IS TRUE.				
TYPED NAME AND GRADE OF VETERINARY OFFICER			SIGNATURE	

DD Form 1743, JUL 70

Replaces DA Form 2808-R, 1 Jun 66, which is obsolete.