

**GEORGIA DEPARTMENT OF CORRECTIONS
ANIMAL DEATH CERTIFICATE**

Institution _____

Date _____

AREA	EAR TAG # OR MARKINGS	DATE OF DEATH	
TYPE OF ANIMAL	DESCRIPTION	SEX	AGE

IMMEDIATE CAUSE OF DEATH

SIGNIFICANT CONDITIONS

REMARKS

To the best of my knowledge, death occurred on the date, place and due to the causes stated above.

Farm Staff Member

Security Staff Member

VETERINARIAN'S STATEMENT

Note: Use only if circumstances warrant.

On the basis of examination and/or investigation, I find the following:

RETENTION SCHEDULE:

This form, upon completion, will be kept in a filing area for four years, one year active and three years inactive, then destroyed.

Veterinarian's Signature

RETENTION SCHEDULE:

This form, upon completion, will be kept in a filing area for four years, one year active and three years inactive, then destroyed.