

## STATEMENT OF DEATH OR DISPOSAL

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ in \_\_\_\_\_, Washburn County, Wisconsin,

hereby certify that the following described dog:

Name:	Sex:	Breed:
Age:	Color:	Markings:

has died or been disposed of as follows:

Date of Death:
Date of Sale (or Gift to another):

Name of person filling out form: \_\_\_\_\_

Signature of person filling out form: \_\_\_\_\_

Date: \_\_\_\_\_