

THE SAMOYED BREED COUNCIL

CAUSE OF DEATH SURVEY FORM

Please return form to:

Mrs E Ballantine, Haughhead House, Fala Dam, By Pathhead, Mid Lothian EH37 5SW

Email: liz@falaconsulting.com

Name of Owner:

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Address:

.....

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Name of Breeder:

.....

Address:

.....

.....

K.C. Registered Name

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Sire	PGS
	PGD
Dam	MGS
	MGD

Date Of Birth Date of Death.....,..... Natural/Euthanasia *

Attributed Main Cause of Death

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Confirmed by Post Mortem: YES/NO *

Any other condition affecting dog:

*Please delete that which does not apply.

PLEASE NOTE THE DETAILS OF INDIVIDUAL DOGS WILL NOT BE DISCLOSED WITHOUT THE PRIOR WRITTEN CONSENT OF THE OWNER Please use block capitals for all information.

Should you wish to supply more information please use a separate sheet and attach to this page.