

THE SAMOYED BREED COUNCIL

CAUSE OF DEATH SURVEY FORM

Please return form to:
Dr. S.E. Brownlie-Sykes, B.V.M. & S., M.R.C.V.S.,
“Kileekie”
Crosshill
Maybole
Ayrshire
Scotland
KA19 7PY

Name of Owner:

.....

Address:

.....

.....

Name of Breeder:

.....

Address:.....

.....

K.C. Registered Name;

.....

Sire:	PGS
	PSD
Dam:	MGS
	MGD

Date Of Birth Date of Death....., ..

Natural/Euthanasia *

Attributed Main Cause of Death.....

.....

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.