

Serial No. 00001

Directorate of Veterinary Services

Livestock Termination Register

To be completed in case of death or loss of any animal individually tagged and identified. For submission to the nearest state veterinarian by 30 June and 31 December each year.

Producer Name:	Farm name:	Farm number:
Region:	District:	

Ear Tag no. of lost animal(s)	Suspected cause of death – place tick (✓) in appropriate box			Post Mortem findings (if any)	Signature of Veterinarian (if applicable)	Remarks
	Theft	Predation	Disease			

SAMPLE

I, the undersigned, declare that to the best of knowledge, the information given above is true and correct.

Signature of farmer: Date: Official stamp of State Veterinarian