



PET DEALER – INCOMING RECORD KEEPING FORM (NO BIRDS ON THIS FORM)

PLEASE PRINT ALL OF THE FOLLOWING INCOMING INFORMATION:

Date:		Ga. Dept. of Agriculture License Number:							
Name:					Phone Number:				
Physical Address (No P.O. Box)									
City:				State:		Zip:			
MARK ONE ITEM BELOW:									
purchase:		live birth:		custodial care:		transfer:		consignment:	
owner surrender:		veterinary care return:		customer return – live pet:					
ENTER ANIMAL TYPE AND QUANTITY:									

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