



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

PLEASE PRINT ALL OF THE FOLLOWING 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:	<input type="checkbox"/>	Live birth:	<input type="checkbox"/>	Custodial care:	<input type="checkbox"/>	Transfer:	<input type="checkbox"/>	Consignment:	<input type="checkbox"/>
Owner surrender:	<input type="checkbox"/>	Veterinary care return:	<input type="checkbox"/>	Customer return – live pet:	<input type="checkbox"/>				
ENTER PET TYPE AND QUANTITY:									

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