

PET DEALER – OUTGOING 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: | | | | | | | | | | | |
| Physica | al Ac | dre | ss (No | P.O. Bo | x) | | | | | | | | | | -1 | | | | 1 | | | | | |
| City: | | | | | ı | | | | | | | | | State: | | | Zip | : | | | | | | |
| MARK | ON | IE I7 | ЕМ В | ELOW: | | | | | | | | | | | | | | | | | | | | |
| Sold: | Release of ownership | | | | ship: | : Transfer: | | | | Return to Supplier – live pet | | | | | t: Consignment return: | | | | | | า: | | | |
| Deceas | Vete | rinary ca | are: | | Stolen: | | Escaped: | | | Cust | ial care | retur | n: | | | | | l. | | | | | | |
| ENTER PET TYPE AND QUANTITY: | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date: | Ga. Dept. of Agriculture License Number: | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | Phone Number: | | | | r: | | | | | | | |
| Physical Address (No P.O. Box) | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | • | | | | | | | | | State: | | | Zip | • | | | | | | |
| MARK | ON | IE IT | ЕМ В | ELOW: | | | | | | | | | | | | | | | | | | | | |
| Sold: | Release of ownership | | | | | : Return to Supplier – live pe | | | | | | | | t: | С | onsig | nm | nent | returr | า: | | | | |
| Deceased: Veterinary care | | | | | are: | | Stolen: | | E: | Escaped: Custodial care i | | | | | | n: | | | | | l. | | | |
| ENTER | PE | T T | PE AN | ND QUA | NTI | TY: | | 1 | ı | | ı | | | | | | l | | | | | | | |
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| Date: | Ga. Dept. of Agriculture License Number: | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | Phone Number: | | | | | | | | | | | | |
| Physica | al Ac | ddre | ss (No | P.O. Bo | x) | | | | | | | | | | | | | | | | | | | |
| City: | | | | | • | | | | | | | | | State: | | | Zip | | | | | | | |
| MARK | ON | IE I7 | ЕМ В | ELOW: | | | | | | | | | | | | | | | | | | | | |
| Sold: | Release of ownership | | | | | | o: Transfer: Return to Su | | | | | | | upplier – live pet: | | | | Consignment return: | | | | | | |
| Deceased: Veterinary care: | | | | | are: | | Stolen: | | Escaped: Custodial care re | | | | | | | n: | | | | | | | | |
| ENTER PET TYPE AND QUANTITY: | | | | | | | | | | | | | | | | | | | | | | | | |
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