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| AH-DS-700..docx 2/18 | | Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats. | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Animal Health  PO Box 8911, Madison, WI 53708-8911 Phone: (608) 224-4872 Fax (608) 224-4871 | | Dog Seller Program Record Form Template |
| ss. ATCP 16.14 (3) (a) – (i) and s. 173.41 (11), Wis. Stats. |

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| SECTION A: DOG INFORMATION | | | | | | | | | | | | | | | | | | | |
| DOG NAME (if any) | | | DOB / APPROX. AGE | | SEX  F  M | | | BREED | | | COLOR & MARKINGS | | USDA ID (if any) AND/OR | OTHER ID:    TATTOO | | | Born under license holders custody? If NO fill in Sec. B | | YES  NO |
| SECTION B: ACQUIRED FROM INFORMATION (if any) of person the dog was acquired from | | | | | | | | | | | | | | | | | | | |
| DATE | NAME | | | | | | STREET ADDRESS | | | | | CITY | | | STATE | ZIP | | USDA LICENSE # (if any) | |
| SECTION C: DISPOSITION INFORMATION (if any) of person the dog was transferred to | | | | | | | | | | | | | | | | | | | |
| DISPOSITION UPON: | | TRANSFER | | EUTHANSIA | | DEATH | | | OTHER: |  | | | | | | | | | |
| DATE | NAME | | | | | | STREET ADDRESS | | | | | CITY | | | STATE | ZIP | | USDA LICENSE # (if any) | |

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