



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Animal Health
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DOG SELLER ONE-TIME LIQUIDATION SALE NOTIFICATION
 s. ATCP 16.04, Wis. Admin. Code, chs. 93 and 173, Wis. Stats.

NOTIFICATION INFORMATION			
Legal Name of Owner of Dogs			
Business Name/DBA (if applicable or different from above)			
Primary #: () - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary #: () - <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Fax	Email:	
Primary Contact			
Principal Business Information			
Principal Business Mailing Address			
City	State	Zip Code	County
Information Regarding One-Time Sale:			
Address of Sale			
City	State	Zip Code	County
Town	Township	Range	Section
Starting Date of Sale		Number of Dogs to Be Offered for Sale	
SIGNATURE:			
I certify that all information on this notification form and any attached sheets is true, accurate and complete. I certify by my signature that I am familiar with Wisconsin Administrative Codes and Wisconsin Statutes applicable to dog sellers in Wisconsin.			
Signature: _____			
Printed Name: _____			
Date: _____			
<i>The Department of Agriculture, Trade and Consumer Protection is not responsible for lost, stolen, misdirected, illegible, incomplete, not-received or late notification requests.</i>			
<i>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.</i>			