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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 ProtectionDivision of Animal HealthPO 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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