

(iv) If the breed is being sold as being capable of registration, set forth the name and registration numbers of the sire and dam and the litter number, if known:

(e) The record of immunizations and worming treatments administered, if any, to the dog or cat as of the time of sale, while the animal was in the possession of the pet dealer, including the dates of administration and the type of vaccines or worming treatments administered:

(f) For cats only: Set forth any known diseases, sickness or congenital condition that adversely affects the health of the cat at the time of sale:

(g) Set forth any veterinary treatment or medication received by the dog or cat while in the possession of the pet dealer (other than those set forth in paragraph (e) above):

Check one:

The dog or cat has no known disease or illness, the dog or cat has no known congenital hereditary condition that adversely affects the health of the animal at the time of sale; or

Set forth any known congenital or hereditary condition, disease or illness that adversely affects the health of the dog or cat at the time of sale and attach a statement signed by a licensed veterinarian that authorizes the sale of the dog or cat, recommends necessary treatment, if any and verifies that the condition, disease or illness does not require hospitalization or non-elective surgical procedures and is not likely to require hospitalization or non-elective surgical procedures in the future. A veterinarian statement is not required for intestinal or external parasites unless their presence

makes the dog or cat clinically ill or is likely to do so. The statement shall be valid for fourteen business days following examination of the dog or cat by the veterinarian.

<u>PET DEALER CERTIFICATION</u>		
I, _____	_____	
PRINT NAME OF PET DEALER	TELEPHONE NUMBER	

STREET ADDRESS		

CITY, TOWN OR VILLAGE	STATE	ZIP CODE
HEREBY CERTIFY THE ACCURACY OF THE ABOVE STATEMENT.		
_____		_____
SIGNATURE OF PET DEALER		DATE

<u>PURCHASER CERTIFICATION</u>		
I, _____	_____	
PRINT NAME OF PURCHASER	TELEPHONE NUMBER	

STREET ADDRESS		

CITY, TOWN OR VILLAGE	STATE	ZIP CODE
HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE STATEMENT.		
_____		_____
SIGNATURE OF PURCHASER		DATE