## **REVISED** Pet Trader Form

Breeder's Information:	Animal's Information:
Name:	Date of Birth:
Address:	Date animal was received:
	Dog Cat Female Male
Identification Number:	Breed:
<ul> <li>the date of administration and the type of vaccine or v</li> <li>Attached is a record of veterinarian treatment or median</li> </ul>	Color: Identifying marks: If animal is not spayed or neutered, Pet Trader must pay \$50.00 to the City of Austin. Payment is due within five days of sale. Treatment administered, if any, to the dog or cat, including vorming treatment. cation received by the dog or cat while in the possession of
the pet trader.	
<ul> <li>today's examination, it has no known disease or illnes that adversely affects the health of the dog or cat at the health in the future.</li> <li>I certify that I have on this date performed a careful photon</li> </ul>	hination of the above-described dog or cat and, based on ss, and it has no known congenital or hereditary condition e time of the exchange or that is likely to adversely affect its hysical examination of the above-described dog or cat and, , illness, or congenital or hereditary condition that adversely ts health in the future. <b>Please attach details.</b>
☐ I have tested the microchip and it is working. Microchip #:	
Be aware that not all hereditary conditions can be detected by a physical examination, especially when the examination is done on immature animals.	
Veterinarian's Signature/License #	DATE:
Please document whether you spayed or neutered this dog or cat: Yes No DATE:	
Veterinarian's Signature/License #	
I hereby certify that this form is complete and I acknowledge receipt of this form. contains accurate information.	
Signature of Pet Trader	Recipient