DOG AND CAT DEALER SEMI-ANNUAL REPORT

FOR THE PERIOD BEGINNING _____________ AND ENDING _____________

LICENSE NUMBER: ____________________________

BUSINESS NAME: _____________________________

BUSINESS ADDRESS: __________________________

BUSINESS LOCATION: __________________________

BUSINESS MAILING ADDRESS: ____________________  CITY  STATE  ZIP

BUSINESS PHONE NUMBER: (________)  

INDICATE THE FOLLOWING NUMBERS:

DOGS  CATS

CURRENTLY IN YOUR POSSESSION  _____  _____

PURCHASED DURING REPORTING PERIOD  _____  _____

SOLD DURING REPORTING PERIOD  _____  _____

ACQUIRED BY MEANS OTHER THAN PURCHASE  _____  _____

T.C.A. 44-17-108(2) REQUIRES A LISTING OF THE NAMES AND ADDRESSES OF THE PERSONS FROM WHOM YOU PURCHASED DOGS AND CATS, TO WHOM YOU SOLD DOGS AND CATS, AND FROM WHOM YOU ACQUIRED DOGS AND CATS BY MEANS OTHER THAN PURCHASE. ATTACH THE INFORMATION TO THIS REPORT SORTED BY EACH CATEGORY (PURCHASED, SOLD, OTHER).

__________________________________________  ______________________________
PERSON SUBMITTING REPORT  DATE

PLEASE RETURN BY MAIL OR EMAIL TO:

Tennessee Department of Agriculture
P.O. Box 40627
Nashville, TN  37204

Or  Animal.Health@tn.gov