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OMB APPROVED
0579-0036
0579-0093

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT OF ANIMALS
(Other Than Dogs and Cats)

SALE EXCHANGE OR TRANSFER DONATION

This record is required by law (7 U.S.C. 2131-2156). (9 CFR, Subchapter A, Parts 1, 2, and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than \$1,000, or both.

INSTRUCTIONS: Complete applicable items 1 through 13. Original and one copy to accompany animals. When delivery is made – Items 14 through 20 must be completed by Buyer (Receiver) and copy one returned to Dealer (Seller or Donor). Copy two to be retained by Dealer (Seller or Donor). Attach Continuation Sheet (APHIS Form 7020A), as needed.

5. SELLER OR DONOR (Name and Address, include ZIP Code)	1. INVOICE NUMBER 2. PAGE
	3. DATE OF DISPOSITION
	4. DEALER'S LICENSE NUMBER
	6. BUYER OR RECEIVER (Name and Address, include ZIP Code)
	7. USDA LICENSE NUMBER (If any)

8. IDENTIFICATION OF ANIMALS BEING DELIVERED

A. CONTAINER TAG NUMBER, CRATE OR PEN NUMBER	B. NUMBER ANIMALS	C. PREVIOUS INVOICE NUMBER <i>(if any)</i>	D. INDIVIDUAL IDENTIFICATION TATTOOS, TAG NUMBERS <i>(if applicable)</i>	E. SPECIES	AGE - SEX				H. EST. WEIGHT <i>(lbs.)</i>	I. REMARKS <i>(Condition, etc.)</i>	RECEIVER'S USE	
					F. NUMBER YOUNG		G. NUMBER ADULT				J.	K.
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
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					M	F	M	F				

DELIVERY BY COMMERCIAL CARRIER

9. DELIVERY BY ("X" one) <input type="checkbox"/> Buyer's Truck <input type="checkbox"/> Dealer's Truck <i>(Seller or Donor)</i>	10. TRUCK LICENSE NUMBER	11. BILL OF LADING NUMBER
12. NAME AND ADDRESS OF COMPANY OR FIRM (Include ZIP Code)	13. NAME AND ADDRESS OF TRUCK DRIVER (Include ZIP Code)	

DELIVERY RECEIPT – TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERY WERE ("X" one) <input type="checkbox"/> IN APPARENT GOOD CONDITION <input type="checkbox"/> POOR CONDITION <input type="checkbox"/> REJECTED (Attach explanation for rejection)		
15. TOTAL NUMBER RECEIVED	16. NUMBER DEAD	17. NUMBER ALIVE
18. BY (Signature)	19. TITLE	20. DATE