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			EPARTMENT OF AG PLANT HEALTH INS			··	1. INVOICE	NO.	· · · · · · · · · · · · · · · · · · ·	2 PAGE
REC		F ACQUISIT F ANIMALS				ORT		DISPOSITION		1 OF
SALE EXCHANGE OR TRANSFER DONATION							5	S LICENSE NO.	C) 8	
NSTRUCTIONS: Complete applicable Items 1 through 13 Original and one copy to accompany animals. When delivery is made - Items 14 through 20 must be completed. Original retained by Buyer								'S LICENSE NO.		
or Donor)	Attach Con	one returned to Deal Itinuation Sheet (API	HIS FORM 7020A) a	s needed	etained by De	aler (Seller	l .			
. SELLER	OR DONOF	R (Name and Addres	s, include Zip Code)			(b)(4)				
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TAINER TAG NO., CRATE OR PEN NO.	NO ANI- MALS	INVOICE NO. (if arry)	TAITOOS, TAG NOS. (n. applicable)	SPECIES	NO YOUNG	NO. ACULT	WEIGHT	REMARI (Candition,		h.
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2. NAME A	AND ADDRE	SS OF COMPANY O	R FIRM		-	13 NAME	AND ADDRES	S OF TRUCK DRIV	ER	
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14 ANIMA	ALS DELIVE	RED WERE ("X" one		RECEIPT - TO	BE COMP	LETED BY	BUYER O	R RECEIVER		
		IN AP	PARENT GOOD CON		POOR CON	IDITION	REJEC	TED (Attach explai	nation for rejection)	
: TOTAL	NUMBER I	RECEIVED A	16 NUMBER DEA	NUMBER DEAD			17 NUMBER ALIVE			
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