



**City of Sealy**  
**Animal Control Services**

P.O. Box 517 Sealy, Texas 77474  
979-885-2913

**PET TRADER**  
**Ord. No. 2016-18**

Date: \_\_\_\_\_

Breeder/Pet Trader (Name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Breeder's United States Department of Agriculture license number: \_\_\_\_\_

**Animal Information**

Animal's date of birth: \_\_\_\_\_ Type of animal: \_\_\_\_\_

Animal Breed: \_\_\_\_\_ Sex of animal: \_\_\_\_\_ Color(s): \_\_\_\_\_

Identifying marks at the time of exchange: \_\_\_\_\_

Microchip registration information: \_\_\_\_\_

**Inoculation/Worming Treatments Administered**

*(Attach copy of all Veterinarian records)*

Date of administration: \_\_\_\_\_ Type of vaccine/deworming treatment: \_\_\_\_\_

Date of administration: \_\_\_\_\_ Type of vaccine/deworming treatment: \_\_\_\_\_

Date of administration: \_\_\_\_\_ Type of vaccine/deworming treatment: \_\_\_\_\_

Date of administration: \_\_\_\_\_ Type of vaccine/deworming treatment: \_\_\_\_\_

**Record of Treatment(s)/Medications**

*(Attach copy of all Veterinarian records)*

Date of treatment: \_\_\_\_\_ Treatment received: \_\_\_\_\_ Medications received: \_\_\_\_\_

Date of treatment: \_\_\_\_\_ Treatment received: \_\_\_\_\_ Medications received: \_\_\_\_\_

Date of treatment: \_\_\_\_\_ Treatment received: \_\_\_\_\_ Medications received: \_\_\_\_\_

Date of treatment: \_\_\_\_\_ Treatment received: \_\_\_\_\_ Medications received: \_\_\_\_\_

Breeder/Pet Trader Signature: \_\_\_\_\_

Recipient Signature: \_\_\_\_\_

**Animal Health Information**  
(To be completed by a Texas Licensed Veterinarian)

This certifies that the animal involved in this pet trade,  
(*Description of animal*)

\_\_\_\_\_:

Has no known disease or illness that adversely affects the health of the animal at the time of the exchange, and furthermore certifies that this animal has no known disease or illness that adversely affects the health of the animal in the future.

OR

Has contracted a disease or illness (*describe disease/illness*),

\_\_\_\_\_

\_\_\_\_\_ that is likely to adversely affect the health of the animal in the future.

**Certification of Spay/Neuter**

I hereby certify that the animal involved in this pet trade was  
(*circle one*) spayed / neutered on (*date*) \_\_\_\_\_.

OR

I certify that the animal involved in this pet trade is incapable of breeding or being bred.

**Veterinarian Information**

Doctor's name \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

Business phone number \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_