

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS
DIVISION OF ANIMAL INDUSTRY
10B AIRLINE DRIVE, ALBANY, NY 12235**

STATE OF NEW YORK)
) ss:
County of _____)

On this _____ day of _____ 20_____,
Before me personally appeared _____.

The above named individual to me personally known and known to me to be the same individual described in and who executed the following statement and he duly acknowledged to me that he executed the same and he further, by me being duly sworn, said that he has read the following statement and that the same is true in every respect.

Subscribed and sworn to before me: _____

Notary Public
Commissioner of Deeds

This _____ day of _____, 20____ My commission expires on:
Date _____

I do not buy or sell domestic animals as listed in Agriculture and Markets Law § 90-b. Please remove my name from the list of Domestic Animal Health Permit Holders.

Signature _____ Date _____

Print Name _____ DAHP# _____

Address _____