

PET DEALER LICENSE COMPLAINT FORM

Items marked with an asterisk (*) are required.

ESTABLISHMENT INFORMATION

Establishment Owner _____

*Establishment Name _____

*Establishment Address _____

*City, State and Zip Code _____

County _____

COMPLAINANT INFORMATION

*Date complaint submitted _____

*Complainant Full Name _____

*Complainant Address _____

*City, State and Zip Code _____

*Contact phone number (_____) _____ - _____ Ext. _____

* **Purchase / Observation** (circle and print date) _____ Breed and Sex _____ / _____ **AMTS**

DESCRIPTION OF COMPLAINT:

