



(g) Set forth any veterinary treatment or medication received by the dog or cat while in the possession of the pet dealer (other than those set forth in paragraph (e) above):

\_\_\_\_\_  
\_\_\_\_\_

Check one:

The dog or cat has *no known disease or illness*, and the dog or cat has *no known congenital or hereditary condition* that adversely affects the health of the animal at the time of sale; or

The dog or cat *has an existing condition*, that of which is indicated above but has been confirmed by a licensed veterinarian, that it should not adversely affect the health of the animal at the time of sale; or

Set forth any *known congenital or hereditary* condition, disease or illness that adversely affects the health of the dog or cat at the time of sale and attach a statement signed by a licensed veterinarian that authorizes the sale of the dog or cat, recommends necessary treatment, if any and verifies that the condition, disease or illness does not require hospitalization or non-elective surgical procedures and is not likely to require hospitalization or non-elective surgical procedures in the future. A veterinarian statement is not required for intestinal or external parasites unless their presence makes the dog or cat clinically ill or is likely to do so. The statement shall be valid for fourteen business days following examination of the dog or cat by the veterinarian.

\_\_\_\_\_

**PET DEALER CERTIFICATION**

I, \_\_\_\_\_  
 PRINT NAME OF PET DEALER TELEPHONE NUMBER

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY, TOWN OR VILLAGE STATE ZIP CODE

HEREBY CERTIFY THE ACCURACY OF THE ABOVE STATEMENT.

\_\_\_\_\_  
 SIGNATURE OF PET DEALER DATE

**PURCHASER CERTIFICATION**

I, \_\_\_\_\_  
 PRINT NAME OF PURCHASER TELEPHONE NUMBER

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY, TOWN OR VILLAGE STATE ZIP CODE

HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE STATEMENT.

\_\_\_\_\_  
 SIGNATURE OF PURCHASER DATE

**Pet dealer keeps a copy of both pages**