New York State Department of Agriculture and Markets

Veterinary Certification of Unfitness of Dog or Cat For Purchase

Date of Exam: ______________________

Owner of Dog or Cat: _______________________________________________________

Owner Address: _______________________________________________________________________________________

Owner Telephone Number: (______) ________________________________

Animal Species: Canine______ Feline________

Breed: ________________________________

Age: ________ Sex: ________ Color: __________________________

Diagnosis: _______________________________________________________________________________________

Recommended Treatment: ___________________________________________________________________________

_______________________________________________________________________________________________

Estimate or Actual Cost of Treatment: ______________________

This is to certify pursuant to Article 35-D of the General Business Law of the State of New York, that I am a veterinarian duly licensed by the State of ______________________, that I have examined the above animal as set forth herein and that I find that said animal is unfit for purchase due to: (check one)

______ illness

______ congenital malformation which adversely affects the health of the animal

______ the presence of symptoms of a contagious or infectious disease

Signature of Veterinarian ____________________________ Date: __________

Name of Veterinarian (printed): ___________________________ Lic #: _______

Address of Veterinarian: _____________________________________________________________________________

Phone Number of Veterinarian: (______) __________________