PLEASE FORWARD THIS REQUEST AT LEAST 21 DAYS PRIOR TO THE EVENT

GEORGIA DEPARTMENT OF AGRICULTURE ANIMAL INDUSTRY REQUEST FOR SPECIAL SALE OR SHOW PERMIT

Name										
Address					E-Mail					
City	•	State					Zip Co	ode		
Phone Nur	nber		Fax Number							
I/we are (check one of the following):										
Licensed/Bonded Sales Establishment										ıl 🗌
Association Advisor 4-H Club FFA Chapter Other (Explain)										
I/we are requesting a permit for (check one of the following):										
Show Image: No sale of animals will take place) Special Sale Image: Show & Sale										
Rodeo; Other (Explain)										
·										
Name of E										
Address of	f Event						ounty			
City		1		State			Zip Co	ode		
Phone Nur	nber				Fax Numb	er				
SALE INFORMATION Please indicate physical address if Mailing is a P. O. Box										
Location (if different from above)										
Day		Date	Tim	-	Check-in					
Type Animals				Veterinarian assisting in s						
PLEASE MAKE SURE THE ABOVE INFORMATION IS INCLUDED IN YOUR REQUEST										
					FORMATIO	N				
		Ple			dress if Maili		POR	v		
Location	n (if differ	ent from	ase mulcate p	mysical au	uress in Main	ing is a	1.0.00	A		
2000	above)									
	,									
City		St	ate		Zip Code			Coun	ity	
Type Anin	nals	Day		Date	Show/Time		Check-in Date & Time (Be			
							Specific)			
1.										
2.										
3.					<u> </u>					
4.										
5.										
PLEASE MAKE SURE THE ABOVE INFORMATION IS INCLUDED IN YOUR REQUEST										

I understand that I/we are responsible for meeting Georgia Laws and Rules for Special Sales or Shows.

Signature

Position

Print Name

Persons selling livestock, other than owner, must be bonded. For information, call 1-800-282-5852 extension 3725.

Please mail to: Robert M. Cobb, Jr., DVM, State Veterinarian, 19 M. L. King, Jr. Drive, Room 106, Atlanta, Georgia 30334 or Fax Number 404-657-1357.

For information, call 404-656-3671 or 1-800-282-5852 extension 3671 or E-mail: Robert.Cobb@agr.georgia.gov.