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 Code	
Phone Nu	nber		•		Fax Number	1	•
			I/we at	re (check on	e of the following)):	
Licensed/Bonded Sales Establishment							
Association Advisor 4-H Club FFA Chapter Other (Explain)							
		I/we	are requesting	g a permit fo	or (check one of the	e following):	
Show (NO SALE OF ANIMALS WILL TAKE PLACE) Special Sale Show & Sale							
Rodeo; Other (Explain)							
	(<u>-</u>	/					
Name of E	event						
Address of							
City		State			Zip Code		
Phone Nu	nber				Fax Number	•	•
SALE INFORMATION							
Please indicate physical address if Mailing is a P. O. Box							
Location (if different from above)							
_							
Day		Date	Time		Check-in Date		
Type Animals Veterinarian assisting in sale							
PLEASE MAKE SURE THE ABOVE INFORMATION IS INCLUDED IN YOUR REQUEST							
SHOW INFORMATION Please indicate physical address if Mailing is a P. O. Box							
T	(:C 1:CC		ase indicate p	hysical add	ress if Mailing is	a P. O. Box	
Location	(if differen	nt from					
	above)						
City		St	ate		Zip Code	Cour	ntsv
Type Anir	nale					e & Time (Be	
Type Aiiii	illiais Day			Date	SHOW/TIME	Specific)	e & Time (De
1.						Бреспіс)	
2.							
3.			-				
4.							
5.							
	EASE MA	AKE SUR	E THE ABOY	VE INFORM	MATION IS INC	LUDED IN YOU	R REOUEST
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I d							
I understand that I/we are responsible for meeting Georgia Laws and Rules for Special Sales or Shows.							
	Signa	ature		Position			
	Sign			1 OSITION			

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.