According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579-0036 and 0579-0092. The time required to complete this information collection is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED 0579-0036 and 0579-0092

U.S. DEPARTMENTOF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT OF ANIMALS (Other Than Dogs and Cats)

☐ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

This record is required by law (7 USC 2131-2156). (9 CFR, Subchapter A, Parts 1, 2 and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 y ear, or a fine of not more than $1,000, or both.

1. INVOICE NUMBER
2. PAGE
3. DATE OF DISPOSITION
4. DEALER'S LICENSE NUMBER

INSTRUCTIONS: Complete applicable items 1 through 13 Original and one copy to accompany animals. When delivery is made – Items 14 through 20 must be completed by Buyer (Receiver) and copy one returned to Dealer (Seller or Donor). Copy two to be retained Dealer (Seller or Donor). Attach Continuation Sheet (APHIS Form 7020A) as needed

5. SELLER OR DONOR *(Name and Address, include ZIP Code)*

6. BUYER OR RECEIVER *(Name and Address, include ZIP Code)*

7. USDA LICENSE NUMBER *(If any)*

8. IDENTIFICATION OF ANIMALS BEING DELIVERED

A. CONTAINER TAG NUMBER CRATE OR PEN NUMBER	B. NUMBER ANIMALS	C. PREVIOUS INVOICE NUMBER *(if any)*	D. INDIVIDUAL IDENT TATTOOS, TAG NUMBER *(if applicable)*	E. SPECIES	AGE - SEX F. NUMBER YOUNG		AGE - SEX G. NUMBER ADULT		G. REMARKS *(Condition, etc.)*	RECEIVER'S USE J.	RECEIVER'S USE K.
					M	F	M	F			
					M	F	M	F			
					M	F	M	F			
					M	F	M	F			
					M	F	M	F			
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					M	F	M	F			
					M	F	M	F			
					M	F	M	F			
					M	F	M	F			

DELIVERY BY COMMERCIAL CARRIES

9. DELIVERY BY *("X" one)*
10. TRUCK LICENSE NUMBER
11. BILL OF LADING NUMBER
12. NAME AND ADDRESS OF COMPANY OR FIRM *(Include ZIP Code)*
13. NAME AND ADDRESS OF TRUCK DRIVER *(Include ZIP Code)*

DELIVERY RECEIPT – TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERY WERE *("X" one)*

☐ IN APPARENT GOOD CONDITION ☐ POOR CONDITION ☐ REJECTED *(Attach explanation for rejection)*

15. TOTAL NUMBER RECEIVED
16. NUMBER DEAD
17. NUMBER ALIVE
18. BY *(Signature)*

APHIS FORM 7020
JUN 2009