# Poultry Record of Sales

**Return form within 7 days of sale to:**

Kentucky Department of Agriculture
Office of State Veterinarian
109 Corporate Dr
Frankfort, KY 40601 **OR** agr.cvi@ky.gov

| | |
|---|---|
| **Location:** | **Seller - Consignor Name:** |
| **Coordinator:** | **Address:** |
| **Date:** | **City, State, Zip:** |

| | | | CHECK ALL THAT APPLY | | | |
|---|---|---|---|---|---|---|
| Buyer - Consignee NAME Please PRINT Clearly | Street Address | City, State, Zip | Hens/ Roosters | Chicks/ Poults | Eggs (hatching only) | Other (Pigeons, Doves, Guineas, Ducks, etc.) |
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