

Quarterly Placement Report Date: \_\_\_\_\_

Quarterly reports are due no later than two weeks after March 31, June 30, September 30, and December 31. They may be mailed or **faxed to (561) 233-1234**. Failure to submit your quarterly report can result in revocation of your permit.

**Please list all dogs, cats, puppies or kittens that have been placed with new owners in the last quarter and forward to:**

Palm Beach County Animal Care and Control  
Attn: Licensing and Commercial Enforcement  
7100 Belvedere Road  
West Palm Beach, FL 33411

Sire \_\_\_\_\_ Dam \_\_\_\_\_  
Cat/Dog \_\_\_\_\_ Juvenile (under 6 months) \_\_\_\_\_ Adult (6 months or older) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (M or F) Primary Color \_\_\_\_\_ Secondary Color \_\_\_\_\_  
Primary Breed \_\_\_\_\_ Secondary Breed \_\_\_\_\_

Name of new owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
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Sire \_\_\_\_\_ Dam \_\_\_\_\_  
Cat/Dog \_\_\_\_\_ Juvenile (under 6 months) \_\_\_\_\_ Adult (6 months or older) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (M or F) Primary Color \_\_\_\_\_ Secondary Color \_\_\_\_\_  
Primary Breed \_\_\_\_\_ Secondary Breed \_\_\_\_\_

Name of new owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
\*\*\*\*\*

Sire \_\_\_\_\_ Dam \_\_\_\_\_  
Cat/Dog \_\_\_\_\_ Juvenile (under 6 months) \_\_\_\_\_ Adult (6 months or older) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (M or F) Primary Color \_\_\_\_\_ Secondary Color \_\_\_\_\_  
Primary Breed \_\_\_\_\_ Secondary Breed \_\_\_\_\_

Name of new owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
\*\*\*\*\*

Sire \_\_\_\_\_ Dam \_\_\_\_\_  
Cat/Dog \_\_\_\_\_ Juvenile (under 6 months) \_\_\_\_\_ Adult (6 months or older) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (M or F) Primary Color \_\_\_\_\_ Secondary Color \_\_\_\_\_  
Primary Breed \_\_\_\_\_ Secondary Breed \_\_\_\_\_

Name of new owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
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Breeder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Breeder Permit Number: \_\_\_\_\_

Number of Litters born this quarter: \_\_\_\_\_

I certify that the above information is true and correct

\_\_\_\_\_  
(Hobby Breeder/Owner Signature)