

Oregon Department of Agriculture
Animal Health & Identification Division
(503) 986-4681
Hearing Impaired TDD #(503) 986-4762



License Number _____
PRINT OR TYPE

License expires at the end of each
calendar day.

Business Name _____ Telephone No. _____
Licensee Name _____ Fax No. _____
Mailing Address _____
City, State, Zip _____

TEMPORARY ONE-DAY HORSE SALE

Location of Sale:
Street Address _____
City, State, Zip _____

Day and Hours of Sale _____
Estimated Gross Sales \$ _____

LICENSE FEE: \$25.00

Enter name and address of licensed veterinary inspector
Name: _____
Address: _____
City, State, Zip _____

Enter name and address of licensed weighmaster if scales are used
Name: _____
Address: _____
City, State, Zip _____

Signature _____ Title _____ Date _____
Print Name _____

An additional application, license fee and adequate bond are required for each additional day upon which horses are sold. Make remittance payable to Oregon Department of Agriculture.

For Checks or Money Orders Mail to:
Oregon Department of Agriculture
PO Box 4395, Unit 16
Portland OR 97208-4395

For Credit Card Charges Mail or Fax to:
Oregon Department of Agriculture
Attn: Licensing
635 Capitol Street NE
Salem OR 97301-2532
Fax (503) 986-4746

____ Visa _____ Mastercard Expiration Date _____ / _____
Card Number _____ (16 digits)

Total Charges \$ _____ Signature _____