Puppy Express

www.puppyexpressllc.com

puppyexpress321@gmail.com
201-289-6622

NOT NEGOTIABLE

DOMESTIC WAYBILL

From Shipper/Company Name	Account Number
Address	
City State Zip Code City	
Shipper Telephone ( )	Shipper Emergency Telephone ( )
Shipper Signature	USDA #

To: Consignee's Name	Account Number
Address	
State Zip Code	
Consignee Telephone ( )	Regular Vet Telephone ( )
Destination	

Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by truck according to the applicable Dangerous Goods Regulations.

_____ date of last Feed/Watering _____ time of last Feed/Watering

Shipper certifies that animals have been fed/watered by shipper within 4 hours of transport.

_____

Signature of Shipper Here & Initial Applicable Box Below

☐ This Shipment **does not** contain dangerous goods regulated in truck transport.

☐ This Shipment **does** contain dangerous goods regulated in truck transport.

EXECUTED ON:

_____ _____

(Date) (Time) At (Place) Signature of Issuing Carrier or its Agent

SPECIAL INSTRUCTIONS: _____

_____

_____

_____

3 Copies of the Health Certificate must accompany shipment.

Please contact us *BEFORE MONDAY* to book your animal(s) for transport.

COLLECTION OF MONEY

_____ OPEN

_____ C.O.D. – COMPANY CHECK

_____ C.O.D. – EZ Pet Pay

_____ STORE CREDIT CARD / DEBIT CARD

_____ TOTAL TO BE COLLECTED (Write N/A for Open Account)

_____ TOTAL AMOUNT COLLECTED (Write N/A for Open Account)

*(SHIPPER **MUST** INITIAL BY METHOD OF PAYMENT)*

LOAD-IN *(TECH. INITIAL)*	PET I.D. NO.	MICRO-CHIP. NO.	B R E E D	LOAD-OUT *(TECH. INITIAL)*	STORE SIGNATURE

_____ _____

(Date) (Time) At (Place) Signature of Consignee or its Agent

Licensed & Insured ***Local & Long Distance***