



**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	_____ STORE CREDIT CARD / DEBIT CARD
_____ C.O.D. - COMPANY CHECK	_____ TOTAL TO BE COLLECTED (Write N/A for Open Account)
_____ C.O.D. - EZ Pet Pay	_____ 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