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ANIMAL WELFARE ORDER FORM

QUANTITY	APHIS FORM NO.	TITLE AND DESCRIPTION
_____	7005	Record of Dogs and Cats on Hand
_____	7006	Record of Disposition of Dogs and Cats
_____	7006A	Continuation Sheet (Record of Disposition of Dogs and Cats)
_____	7019	Record of Animals other than Dogs and Cats
_____	7020	Record of Disposition of Animals other than Dogs and Cats
_____	7020A	Continuation Sheet (Record of Disposition of Animals other than Dogs and Cats)

ORDERED BY: License/Registration No.: _____

Name: _____

Doing Business As: _____

Address: _____

City, State Zip Code _____

Phone Number: _____
(Include Area Code)

Date: _____

FOR OFFICE USE ONLY

Order filled by: _____

Date: _____

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO: **USDA, APHIS, AC**

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

COUNTY: _____ TELEPHONE () _____

COUNTY: _____ TELEPHONE () _____

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

A - Dealer (Breeder) B - Dealer C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

- | | | |
|---|--|---|
| <input type="checkbox"/> A - Zoo | <input type="checkbox"/> B - Aquariums | <input type="checkbox"/> C - Auction |
| <input type="checkbox"/> D - Breeder | <input type="checkbox"/> E - Pets | <input type="checkbox"/> F - Roadside Zoo |
| <input type="checkbox"/> G - Circus | <input type="checkbox"/> H - Animal Acts | <input type="checkbox"/> I - Carnival |
| <input type="checkbox"/> J - Drive thru Zoo | <input type="checkbox"/> K - Pet Store | <input type="checkbox"/> L - Broker |

8. TYPE OF ORGANIZATION

- Partnership Corporation Individual
 Other (Specify) _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR		DOGS		RABBITS	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR		CATS		NONHUMAN PRIMATES	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS		GUINEA PIGS		MARINE MAMMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)		HAMSTERS		WILD OR EXOTIC MAMMALS	
		OTHER (i.e., farm animals) (List Species and No.)			

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A Parts 1, 2 and 3. I certify that I am over 18 years of age.

12. SIGNATURE	13. NAME AND TITLE (Type or Print)	14. DATE

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FORM APPROVED OMB NO 0578-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), and the applicant is in compliance with the standards and regulations Section 2133

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE (TYPE OR PRINT)

RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

COUNTY: TELEPHONE ()

COUNTY: TELEPHONE ()

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

PREVIOUS LICENSE NO:

5. TYPE OF LICENSE

A - Dealer (Breeder) B - Dealer C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR

7. NATURE OF BUSINESS (Check item that describes nature of your business)

A - Zoo B - Aquariums C - Auction
 D - Breeder E - Pets F - Roadside Zoo
 G - Circus H - Animal Acts I - Carnival
 J - Drive thru Zoo K - Pet Store L - Broker

8. TYPE OF ORGANIZATION

Partnership Corporation Individual
 Other (Specify) _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater.)

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

12. SIGNATURE

13. NAME AND TITLE (Type or Print)

14. DATE

APHIS FORM 7003
(JAN 95)

(Previous editions are obsolete.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR REGISTRATION

(TYPE OR PRINT)

- Research Facility (Complete items 1, 2, and Sections A, B, and C)
 Exhibitor (Complete items 1, 2, and Sections B and C)
 Carrier (Complete items 1, 2, and Section C)
 Intermediate Handler (Complete items 1, 2, and Section C)

USDA USE ONLY

Applicant should send four (4) completed copies to this address:

REGISTRATION NO.

DATE REGISTERED

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)

3. DO YOU USE OR INTEND TO USE DOGS OR CATS OR OTHER ANIMALS COVERED BY THE ANIMAL WELFARE ACT

Yes No

4. DO YOU PURCHASE OR TRANSPORT DOGS OR CATS OR OTHER ANIMALS AS DEFINED IN THE ANIMAL WELFARE ACT

Yes No

SECTION A

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS

Yes No

6. IF "YES" IN ITEM 5, "X" OR SPECIFY

Grant Award Loan Contract

Other (Specify)

7. NAME OF FEDERAL AGENCY(S) SUPPLYING FUNDS

8. NAME AND LOCATION OF EACH RESEARCH REPORTING FACILITY (see 9 CFR, Section 2.36) WHERE TEACHING, RESEARCH, TESTS, OR EXPERIMENTS ARE CONDUCTED WITH ANIMALS WHICH ARE COVERED BY THIS REGISTRATION. (Use reverse or attach additional sheets.)

SECTION B

9. NO. ANIMALS USED OR EXHIBITED ANNUALLY (Attach additional sheets if needed)

A. Dogs

B. Cats

C. Guinea Pigs

D. Hamsters

H. Other (Specify and give No.)

E. Rabbits

F. Non-human Primates

G. Marine Mammals

10. NATURE OR ORGANIZATION OR BUSINESS ("X" one)

Private Commercial
 State, County or Municipal
 Federal

11. TYPE OF OPERATION ("X" each applicable operation)

College or University Hospital Exhibitor
 Carrier Intermediate Handler Air Rail Marine
 Truck

12. TYPE OF ORGANIZATION

Partnership Corporation
 Individual Association

Other (Specify)

13. STATE WHERE INCORPORATED

14. DATE INCORPORATED

15. IF PARTNERSHIP, IDENTIFY EACH PARTNER OR OFFICER

IF CORPORATION OR ORGANIZATION, IDENTIFY PRINCIPAL OFFICERS (Use reverse, if needed)

SECTION C

A. NAME	B. TITLE	C. ADDRESS (full address, including zip code)

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge and belief.

16. SIGNATURE

17. NAME AND TITLE (Type or Print)

18. DATE SIGNED

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Chapter 1, Subchapter A.

19. SIGNATURE

20. NAME AND TITLE (Type or Print)

21. DATE SIGNED

Name of Licensee/Registrant _____

Site No. _____

Li c./Reg./No. _____

Site Name _____

Date of Inspection _____

FACILITIES (permanent and transport)

	Structure & Construction
	Condition & Site
	Surfaces & Cleaning
	Utilities/Washrooms/Storage
	Drainage & Waste Disposal
	Temperature/Ventilation/Lighting
	Shelter from elements
	Capacity/Perimeter fence/Barrier

PRIMARY ENCLOSURE

	General Requirements
	Space & Additional Requirements
	Protection from Predators

ANIMAL HEALTH AND HUSBANDRY

	Exercise & Socialization
	Environment Enhancement
	Feeding
	Watering
	Cleaning Sanitation
	Housekeeping & Pest Control

OTHER

	Identification
	Records & Holding Period
	Handling
	Veterinary Care
	IACUC
	Personnel Qualifications



USDA, APHIS, Animal Care

ANIMAL WELFARE COMPLAINT

Complaint No. Date Entered Received By

Referred To Reply Due

Facility or Person Complaint Filed Against

Name Customer/License/Registration No.

Address

City State Zip Phone No

Complainant

Name Organization

Address

City State Zip Phone No./Email address

How was complaint received?

Details of Complaint:

Results:

Application packet provided? Yes [] No []

INSPECTOR DATE

REVIEWED BY DATE

EXERCISE PLAN FOR DOGS

Licensee/Registrant Name (Type or Print legibly)

Licensee/Registrant #

The Animal Welfare Act Regulations, Title 9, CFR, Subpart A, Part 3, Section 3.8, requires all licensees and registrants to develop, document, and follow an appropriate exercise plan for their dogs. In addition, the exercise plan must be approved by the attending veterinarian. In developing an exercise plan, you should consider providing positive physical contact with humans that encourages exercise through play or similar activities. If dogs are maintained without sensory contact with other dogs, they must be provided with daily physical contact with humans. Forced methods of exercise, such as treadmills, swimming, or carousels are unacceptable for meeting the exercise requirements.

Please check the appropriate box and, if necessary, describe below:

My dogs are over 12 weeks of age (except bitches with litters), and are housed individually in a cage, pen, or run that provides at least two times the floor space required for that dog, as described in Section 3.6(c)(1).

My dogs are over 12 weeks of age and are housed in compatible groups in a cage, pen, or run that provides, in total, at least 100 percent of the required space for each dog if it were maintained separately.

Other: Please describe the exercise provided to your dogs to meet these requirements (type or print legibly).

A. Frequency:

B. Method:

C. Duration:

I. I have read the regulations pertaining to the need and requirements for a written exercise plan for my dogs and hereby submit this completed "Exercise Plan for Dogs" to meet that requirement.

Licensee/Registrant Signature

Date

II. I have read and approve this exercise plan.

Veterinarian's Name (Type or Print legibly)

Veterinarian's Signature

Date 5.4.9

INSTRUCTIONS FOR EXERCISE PLAN

Each dealer, exhibitor, and research facility must have a written plan of exercise that has been approved by your veterinarian. This written plan must be kept at your facility and must be made available to the USDA inspector upon request.

The following two examples do not require additional opportunity for exercise:

1. Individually housed dogs: Dogs with two times the minimum required floor space do not require additional exercise. Calculate your floor space as follows:

Measure dog from tip of nose to base of tail, add 6 inches to this number.

Multiply: (length of dog ÷ 6 inches) X length of dog ÷ 6 inches).

Answer = minimum floor space in square inches.

DOUBLE the amount of this answer to meet exercise requirements.

2. Dogs in Groups: Dogs maintained in cages or pens that provide each dog with 100% of the minimum required floor space do not require additional exercise.

Multiply: (length of dog ÷ 6 inches) X length of dog ÷ 6 inches).

Answer = minimum floor space in square inches.

DO NOT DOUBLE this answer to meet the exercise requirement space for group housed dogs.

If your dogs are not kept in space that fits into the examples above, you need to develop an additional plan that provides opportunity for exercise. We encourage you to provide positive physical contact with humans that encourages exercise through play or other activities. Allowing access to runs or open areas or leash walking are two more examples of ways to provide exercise. Whatever method you elect to provide, make sure the exercise is provided to the dogs often enough to be beneficial.

Document your exercise plan in writing, have your attending veterinarian approve and sign it, and keep the form available for USDA review along with your other records. Do not send this plan into the Regional Office.



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Service

Animal Care

Dear Applicant:

Before APHIS can issue a license to you to engage in regulated activities that involve the handling of dangerous or potentially dangerous animals, you must demonstrate compliance with the applicable Animal Welfare Act regulations and standards (including demonstrating that you and your employees have adequate experience and training to handle such animals in accordance with the regulatory requirements). For the safety of the personnel and the animals, we strongly encourage at least two persons be present when working with dangerous animals in a free or potential contact environment.

Exhibitions That Do Not Involve Direct Public Contact With Animals:

The handling regulations require that animals must be handled during public exhibition so that there is minimal risk of harm to the animals and to the public, with sufficient distance and/or barriers between the animals and the general viewing public so as to ensure the safety of the animals and the public. The regulations further require that dangerous animals exhibited to the public must be under the direct control and supervision of a knowledgeable and experienced animal handler. Animal handlers should have demonstrable knowledge of and skill in currently accepted professional standards and techniques in animal training and handling. They should also be able to recognize normal and abnormal behavior and signs of behavioral stress for the species being exhibited, in order to comply with the handling regulations. Handlers must be experienced and be able to apply their knowledge to the safe exhibition of animals. This generally requires at least two years of experience involving the species being exhibited.

Exhibitions That Allow Direct Public Contact With Animals:

Exhibitions that may involve direct public contact include, but are not limited to, circuses, carnivals, elephant rides, photo opportunities, magic acts, and public feeding of animals. The regulations prohibit the use of drugs to facilitate, allow, or provide for public handling of any animals. Public contact with certain dangerous animals may not be done safely under any conditions. In particular, direct public contact with juvenile and adult felines (e.g., lions, tigers, jaguars, leopards, cougars) does not conform to the handling regulations, because it cannot reasonably be conducted without a significant risk of harm to the animal or the public. The handling regulations do not appear to specifically prohibit direct public contact with infant animals, so long as it is not rough or excessive, and so long as there is minimal risk of harm to the animal and to the public. If you intend to





exhibit juvenile or adult¹ large felines (e.g., lions, tigers, jaguars, leopards, cougars), and would like Animal Care to review your proposed exhibition to determine whether it will comply with the handling regulations, please include with your application a description of the intended exhibition, including the number, species, and age of animals involved and the expected public interaction.

The regulations require that a responsible, knowledgeable and readily identifiable employee be present during all periods of public contact. In addition to the handler qualifications described in the preceding section, handlers of animals exhibited in direct contact with the public should have at least one year of experience with public contact exhibition of the species involved.

Only handlers who meet these qualifications should be allowed to handle the animals during public contact. At least two qualified handlers should be present during periods of public contact, and more qualified handlers may be needed depending on the number of animals and circumstances of the exhibition. Comparable alternative safety measure will be considered on an individual basis. Additional personnel may be needed to guard against members of the public inappropriately approaching the animals. These personnel are not required to meet the handler qualifications.

We strongly encourage licensees who operate public contact venues to have a written contingency plan to address restraint, recapture, and/or euthanasia of the animals in the event of aggressive behavior, escape, and/or other emergency situations. Such a plan should include, at a minimum, procedures for handling and recapturing escaped animals, a clear description of the chain of command during such events, criteria for selecting restraint methods, protocols for euthanasia in emergency situations, and provisions for contacting local law enforcement and animal control officials. Emergency equipment identified in the contingency plan (such as CO2 fire extinguishers, high pressure hoses, pepper sprays, darting equipment, chemical restraint drugs, nets, cell phone, 2-way radios, etc.) should be available during all periods of potential public contact.

To facilitate the licensing procedures and to aid in determining whether an applicant can demonstrate compliance with the handler qualification and safety requirements, we request that documentation of handler qualifications and a copy of the contingency plan be submitted to this office for review and determination of acceptability under the Animal Welfare Act.

¹over 3 months of age



Please send all information to this office. If you have any questions, please call this office at _____ during the hours of 7:30 am to 4:00 pm, Monday through Friday.

Sincerely,

Regional Director
Animal Care





INSPECTION REPORT

Name of Licensee/Registrant

Site No.

Lic. / Reg. Number

Business Name (DBA)

Site Name

Date of Inspection

Facility Mailing Address

Site Address

Inspection Time

City, State, Zip (for facility)

Site City, State, Zip (for site)

Inspection Type

NARRATIVE

Multiple horizontal lines for narrative text.

Prepared By: _____

Date: _____

Title: _____, USDA, APHIS, Animal Care

LARIS ID NO. _____

Copy Received By: _____

Date: _____

Title: _____

LIST OF COMMERCIAL TAG MANUFACTURERS

METAL IDENTIFICATION TAGS

Ketchum Manufacturing Company
1285 Avenue of the Americas
New York, NY 10019
646-935-4499

Keyes-Davis Company
Box 1557
74 Fourteenth Street
Battle Creek, MI 49016
269-962-7505
fax: 269-962-4411
sales@keyesdavis.com

National Band & Tag Company
721 York St.
PO Box 72430
Newport, KY 41072-0430
859-261-2035
fax: 1-800-261-8247
tags@nationalband.com

St. Paul Stamp Works
87 Empire Drive.
St. Paul, MN 55103-1856
651-222-2100
fax: 651-228-1314
spsw@stpstamp.com

PLASTIC IDENTIFICATION BANDS

Hollister Company
2000 Hollister Drive
Libertyville, IL 60048
1-800-323-4060

Products International Company
2320 West Holly Street
Phoenix, AZ 85009
602-257-0141



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

Dear Licensee/Registrant

APHIS published a change to the standards which requires all outdoor housing facilities to be enclosed by a perimeter fence that is of sufficient height to keep animals and unauthorized persons out. All facilities must meet this requirement on or before May 17, 2000 or have a variance from this standard.

Potentially dangerous animals require an 8 feet perimeter fence. Examples of these species include, but are not limited to, bears, wolves, rhinoceros, elephants, large felines (lions, tigers, leopards, cougars, jaguars), etc. All other species require a 6 feet perimeter fence. Examples of these species include, but are not limited to, ferrets, raccoons, skunks, elk, deer, antelope, small exotic felines (margay, fishing cat, lynx), etc. The perimeter fence must be located at least 3 feet from the primary enclosure. Fences not meeting these requirements must be approved by the Administrator.

You may request a variance from the perimeter fence requirements if one or more of the following conditions are met:

- the outside walls of the primary enclosures are made of sturdy, durable material and are constructed in a manner that restricts the entry of animals and unwanted persons
- the outdoor housing facility is protected by an effective barrier that restricts the regulated animals to the facility and restricts entry by animals and unwanted persons
- appropriate alternative security measures are used

To request a variance, please submit in writing the following information:

- your name and address
- your business name, if applicable
- license or registration number
- a description of the animal's primary enclosures (size, wall/fence height, construction materials used for the enclosure walls)
- describe the species of animals in each enclosure (number within each enclosure, age, health status)
- describe the location of your facility (rural, urban, remote, residential, closeness of neighbors, etc.)
- description of barrier fence (construction materials of the barrier, distance from enclosure walls, height of barrier)
- description of current perimeter fence (height, construction materials used for the perimeter fence)
- description of alternative security measures, such as security guards/personnel, cameras, alarms, etc.

5.4.16



Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

We recommend you include pictures and/or a drawing of the layout of your facility and enclosures to assist us in evaluating your facility.

Mail your request and supporting documents to:

USDA-APHIS-Animal Care

We appreciate your efforts to comply with the Animal Welfare Act. If you have any questions or concerns, please do not hesitate to call our office at ()

Sincerely,

Regional Director
Animal Care

5.4.17



Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

SUBJECT: Procedures for Obtaining a Tattoo

This is to clarify the policy and proper procedures to follow when a licensee requests a tattoo.

The tattoo identification will be assigned from the Regional Office. Each licensee who wishes to use tattoos to identify his or her animals will be assigned a code for identification to include the type of business and the State in which he or she is licensed. In addition to the dealer's codes assigned, the dealer will be required to add the necessary numbers to the tattoo to uniquely identify each animal.

Licensees having dogs or cats identified with tattoos that received prior Department approval will be allowed to retain the old tattoo identification on these animals and use the new tattoo identification on any additional animals acquired.

If you wish to continue to use tattoo identification for your animals, please write to request an assigned tattoo code for your facility. Please direct your request to:

(Name -- Regional Director)
Director - _____ Region
USDA, APHIS, AC
Street Address
City State Zip Code

Should you have any questions regarding this matter, please feel free to contact our office at: (Phone No.: (Area Code) _____)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM APPROVED OMB NO. 0579-0036

ANIMAL CARE
(Program of Veterinary Care for Research Facilities or Exhibitors/Dealers)

OFFICE USE ONLY

DATE RECEIVED

SECTION I. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:

A. LICENSEE/REGISTRANT		B. VETERINARIAN
1. NAME		1. NAME
2. BUSINESS NAME		2. CLINIC
3. USDA LICENSE/REGISTRATION NUMBER		3. STATE LICENSE NUMBER
4. MAILING ADDRESS		4. BUSINESS ADDRESS
5. CITY, STATE AND ZIP CODE		5. CITY, STATE AND ZIP CODE
6. TELEPHONE NO. (Home)	TELEPHONE NO. (Business)	6. TELEPHONE NO. (Business)

This is a form that may be used for the Program of Veterinary Care. Also, this form may be used as a guideline for the written Program of Veterinary Care as required.

The attending veterinarian shall establish, maintain and supervise programs of disease control and prevention, pest and parasite control, pre-procedural and post-procedural care, nutrition, euthanasia and adequate veterinary care for all animals on the premises of the licensee/registrant. A written program of adequate veterinary care between the licensee/registrant and the doctor of veterinary medicine shall be established and reviewed on an annual basis. By law, such programs must include regularly scheduled visits to the premises by the veterinarian. Scheduled visits are required to monitor animal health and husbandry.

Pages or blocks which do not apply to the facility should be marked N/A. If space provided is not adequate for a specific topic, additional sheets may be added. Please indicate Section and Item Number.

I have read and completed this Program of Veterinary Care, and understand my responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency:
_____ (minimum annual).

C. SIGNATURE OF LICENSEE/REGISTRANT	DATE
D. SIGNATURE OF VETERINARIAN	DATE

CHECK IF N/A

SECTION II. DOGS AND CATS

A. VACCINATIONS - SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES

	CANINE			FELINE	
	JUVENILE	ADULT		JUVENILE	ADULT
PARVOVIRUS			PANLEUK		
DISTEMPER			RESP. VIRUSES		
HEPATITIS			RABIES		
LEPTOSPIROSIS			OTHER (Specify)		
RABIES					
BORDETELLA					
OTHER (Specify)					

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:

1 ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2 BLOOD PARASITES (Heartworm, Babesia, Ehrlichia, Other)

3 INTESTINAL PARASITES (Fecals, Deworming)

C EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

D. EUTHANASIA

1 SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

VETERINARIAN

LICENSEE/REGISTRANT

2 METHOD(S) OF EUTHANASIA

E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

Congenital Conditions

Quarantine Conditions

Nutrition

Anthelmintic alternation

Other (Specify) _____

Exercise Plan (Dogs)

Proper Handling of Biologics

Venereal Diseases

Pest Control and Product Safety

Proper Use of Analgesics and Sedatives

CHECK IF N/A

SECTION III. WILD AND EXOTIC ANIMALS

A. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS (Enter N/A if not applicable)

CARNIVORES

HOOFED STOCK

PRIMATES

ELEPHANTS

MARINE MAMMALS

OTHER (Specify)

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. BLOOD PARASITES

3. INTESTINAL PARASITES

C. EMERGENCY CARE

1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

D. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

VETERINARIAN

LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

Pest Control and Product Safety

Quarantine Procedures

Zoonoses

Other (Specify) _____

Environment Enhancement (Primates)

Water Quality (Marine Mammals)

Species-specific Behaviors

Proper Storage and Handling of Drugs and Biologics

Proper Use of Analgesics and Sedatives

F. LIST THE SPECIES SUBJECTED TO TB TESTING, AND THE FREQUENCY OF SUCH TESTS

A. INDICATE SPECIES

B. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS
(Enter N/A if not applicable)

C. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. INTERNAL PARASITES (Helminths, Coccidia, Other)

D. EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

E. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

VETERINARIAN

LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

F. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

Pasteurellosis

Pododermatitis

Cannibalism

Wet Tail

Other (Specify)

Species Separation

Malocclusion/Overgrown Incisors

Pest Control and Product Safety

Handling



Program of Veterinary Care Instructions



- The enclosed Program of Veterinary Care (PVC) should be completed and signed by your attending veterinarian and must be signed by you.
- Keep the properly completed PVC as part of your records that will be reviewed by your USDA inspector.
- **DO NOT** send the completed PVC form to USDA Regional Office.
- You need a new PVC form only if you change your attending veterinarian.
- You need to update your PVC form and have it re-signed by your attending veterinarian any time you add a new species of animal to your facility or make any other changes in the veterinary care you are providing.
- This sheet may be used as a means to document your attending veterinarian's visit to your facility. If you choose to use it for that purpose, have your attending veterinarian sign and date this sheet during each visit to your facility. Your attending veterinarian must visit your facility at least once each year. This sheet should be kept with your PVC.

_____ Veterinarian Signature	_____ Date
_____ Veterinarian Signature	_____ Date
_____ Veterinarian Signature	_____ Date
_____ Veterinarian Signature	_____ Date
_____ Veterinarian Signature	_____ Date
_____ Veterinarian Signature	_____ Date
_____ Veterinarian Signature	_____ Date
_____ Veterinarian Signature	_____ Date
_____ Veterinarian Signature	_____ Date

Public reporting burden for this collection of information is estimated to average 16 annual hours per recordkeeper, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, AG Box 7630, Washington, D.C. 20250, and to the office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

BREED ABBREVIATIONS - DOGS (Column F)

Afghan Hound	- AH	Dachshund	- DH	Komondor	- KM	Shih-tzu	- SI
Airedale Terrier	- AD	Dalmation	- DL	Labrador Retriever	- LR	Silky Terrier	- ST
Alfafa	- AK	Doberman	- DB	Lhasa Apso	- LA	Sptz	- SZ
American Bull Terrier	- AB	Elkhound	- EH	Malamute	- MM	Springer Spaniel	- SR
Basenji	- BS	English Bulldog	- EB	Mastiff	- MA	Staffordshire Bull Terrier	- SA
Basset Hound	- BH	English Setter	- ES	Maltese	- MT	Walker	- WK
Beagle	- BE	Eskimo Dog	- ED	Miniature Pinscher	- MP	Weimaraner	- WI
Bedlington Terrier	- BL	Foxhound	- FH	Newfoundland	- NF	Welsh Corgi	- WC
Bichon Frise	- BF	Fox Terrier	- FT	Old English Sheepdog	- OE	Whippet	- WH
Black and Tan Coonhound	- BT	French Bulldog	- FB	Pekingese	- PK	Yorkshire Terrier	- YT
Blueback	- BK	German Shepherd	- GS	Pomeranian	- PM	Other (Specify)	
Boston Terrier	- BO	German Short Haired Pointer	- SH	Poodle	- PO		
Boxer	- BX	Golden Retriever	- GR	Pug	- PU		
Bullmastiff	- BM	Gordon Setter	- GO	Redbond Coonhound	- RB		
Cairn Terrier	- CT	Great Dane	- GD	Rhodesian Ridgeback	- RR		
Catahoula	- CU	Great Pyrenees	- GP	Rotweiler	- RW		
Chihuahua	- CA	Greyhound	- GH	Saint Bernard	- SB		
Chinese Crested Dog	- CD	Husky	- HK	Samoyed	- SM		
Chow-Chow	- CC	Insh Setter	- IS	Schipperkee	- SK		
Cocker Spaniel	- CK	Jack Russel Terrier	- JR	Schnauzer	- SN		
Collie	- CL	Keeshond	- KH	Scottish Terrier	- SC		
Coonhound (Specify)	- CH	King Charles Spaniel	- KC	Shar-pei	- SP		

CATS (Column F)

Abyssinian	- AH	Persian	- PR	Hound Crossbreed	- HX
Burmese	- BU	Russian Blue	- RB	Terrier Crossbreed	- TX
Domestic Long Hair	- DL	Rex	- RE	Sheperd Crossbreed	- SX
Domestic Short Hair	- DS	Siamese	- SI	Spaniel Crossbreed	- PX
Himalayan	- HM	Other (Specify)			
Maine Coon	- MC				
Manx	- MX				

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM APPROVED OMB NO 0579-0036

RECORD OF DISPOSITION OF DOGS AND CATS

SALE EXCHANGE OR TRANSFER DONATION

1. DATE OF DISPOSITION

2. PAGE

1 OF

INSTRUCTIONS: Complete applicable items 1 through 8. Original and USDA Copy to be retained by seller. Buyer's Copy to accompany shipment. It must be retained by Buyer.

3. SELLER OR DONOR (Name & Address)

4. BUYER OR RECEIVER (Name)

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (Seller)

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO (if any)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations for Dogs and Cats) *If mixed breed, list 2 dominant breeds

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG		CAT		AGE OR DATE OF BIRTH	WT.	BREED OR TYPE *	DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail, Tattoos, etc.)
	M	F	M	F				
A	B	C	D	E	F	G		
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				

6. DELIVERY BY (Check one and complete applicable items 7 and 8)

COMMERCIAL SHIPPER BUYER'S VEHICLE SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (Include Zip Code)

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (Include Zip Code)

9. RECEIVED BY

10. SIGNATURE

11. TITLE

12. DATE

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503

BREED ABBREVIATIONS - DOGS (Col. F)

Alghan Hound	- AH	English Setter	- ES	Pomeranian	- PM
Airedale Terrier	- AD	Eskimo Dog	- ED	Poodle	- PO
Akita	- AK	Foxhound	- FH	Pug	- PU
American Bull Terrier	- AB	Fox Terrier	- FT	Redbone Coonhound	- RB
Basenji	- BS	French Bulldog	- FB	Rhodesian Ridgeback	- RR
Basset Hound	- BH	German Shepard	- GS	Rottweiler	- RW
Beagle	- BE	German Short Haired Pointer	- SH	Saint Bernard	- SB
Bedlington Terrier	- BL	Golden Retriever	- GR	Samoyed	- SM
Bichon Frise	- BF	Gordon Setter	- GO	Schipperkee	- SK
Black and Tan Coonhound	- BT	Great Dane	- GD	Schnauzer	- SN
Blastick	- BK	Great Pyrenees	- GP	Scottish Terrier	- SC
Boston Terrier	- BO	Greyhound	- GH	Shar-pei	- SP
Boxer	- BX	Husky	- HK	Shetland Sheepdog	- SS
Bullmastiff	- BM	Irish Setter	- IS	Shih-tzu	- SI
Cairn Terrier	- CT	Jack Russell Terrier	- JR	Silky Terrier	- ST
Catahoula	- CU	Keeshond	- KH	Sptz	- SZ
Chihuahua	- CA	King Charles Spaniel	- KC	Springer Spaniel	- SR
Chinese Crested Dog	- CD	Komondor	- KM	Staffordshire Bull Terrier	- SA
Chow-Chow	- CC	Labrador Retriever	- LR	Walker	- WK
Cocker Spaniel	- CK	Lhasa Apso	- LA	Weimaraner	- WI
Collie	- CL	Malamute	- MA	Welsh Corgi	- WC
Coonhound (Specify)	- CH	Mastiff	- MA	Whippet	- WH
Dachshund	- DH	Maltese	- MT	Yorkshire Terrier	- YT
Dalmation	- DL	Miniature Pinscher	- MP	Other (specify)	
Doberman	- DB	Newfoundland	- NF		
Elkhound	- EH	Old English Sheepdog	- OE		
English Bulldog	- EB	Pekingese	- PK		

BREED ABBREVIATIONS - CATS (Col. F)

Abyssinian	- AB	Manx	- MX	Other (specify)	
Burmese	- BU	Persian	- PR		
Domestic Long Hair	- DL	Russian Blue	- RB		
Domestic Short Hair	- DS	Rex	- RE		
Himalayan	- HM	Siamese	- SI		
Maine Coun	- MC				

TYPE (Col. F)

Hound Crossbreed	- HX
Terrier Crossbreed	- TX
Sheperd Crossbreed	- SX
Spaniel crossbreed	- PX

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Agriculture, Clearance Officer, OIRAd, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Public reporting burden for this collection of information is estimated to average 1.7 annual hours per recordkeeper, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

APHIS FORM 7020 (Reverse)

5.4.33

Public reporting burden for this collection of information is estimated to average 17 annual hours per recordkeeper, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

APHIS FORM 7020A (Reverse)

RE: Request for USDA License

_____ Date _____
_____ Phone Number: _____
_____ County: _____

Enclosed are information and forms for licensing under the Animal Welfare Act (AWA).

Copies of the AWA regulations and standards are enclosed for your information; the different license classes are outlined on Page 2 in Part 1, Section 1.1, of the 9CFR (Definitions). If your operation meets the definition of a Class A, B, or C license, complete the enclosed Application for License (APHIS Form 7003-A) and return it to our office with a check, money order, or credit card authorization for the \$10.00 for the nonrefundable application fee. CASH PAYMENTS CANNOT BE ACCEPTED.

The enclosed Program of Veterinary Care (PVC) should be completed and signed by your veterinarian and must be signed by you. Keep the properly completed PVC as a part of your records that will be reviewed by your USDA inspector. DO NOT send the completed PVC form to this office.

Following receipt of your application and the \$10.00 application fee, one of our field representatives will be assigned to make a prelicense inspection of your facility. Once your facility and records are in compliance with all regulations and standards, you will be asked to submit your annual license fee. Do not submit the annual license fee until you are in compliance. Upon receipt of all necessary paperwork, inspections, and fees, your license will be issued. You must not engage in any activities covered under the AWA without first obtaining a license.

The licensing process must be completed within 90 days after your initial prelicense inspection. If your facility is not in compliance with the regulations and standards on the initial inspection, you will be allowed two additional inspections within the 90-day period. If the facility is still not in compliance by the third inspection or the 90 days has elapsed, your application will be closed and you must wait six (6) months before submitting a new application.

Please call (phone no: _____) between (office hours: _____) with any questions.

Sincerely,

(Name -- Regional Director)
Director - Animal Care
_____ Region

Inspector: _____

Enclosure: Application Kit

5.4.36

REQUEST TO ADD/DELETE SITES

Licensee/Registrant Name: _____

License/Registration Number: _____

I/We wish to: Add Delete the following sites:

Site No.: _____ Name/Department: _____

Address: _____

Building: _____

Floor/Room: _____

Contact/Person: _____ Phone No.: _____

Site No.: _____ Name/Department: _____

Address: _____

Building: _____

Floor/Room: _____

Contact/Person: _____ Phone No.: _____

Site No.: _____ Name/Department: _____

Address: _____

Building: _____

Floor/Room: _____

Contact/Person: _____ Phone No.: _____

Facility Signature

Date

Print Name/Title

Request to Use Microchipping as a Method of Identification

(Submit completed form to appropriate regional office)

Name of Business: _____ Name of Owner: _____

Address: _____

City _____ State _____ Zip _____

USDA Lic./Reg. Number _____ USDA Tattoo# (if any) _____

Microchip Information:

Manufacturer and/or Model of Microchip and Reader _____

Location of Microchip (For example: left side of neck)

* The location of the chip must be consistent from animal to animal

I accept and understand that:

- The microchip scanner must be readily available to APHIS officials.
- Animal identification records must indicate the microchip number, the manufacturer of the chip, and the approximate location of the microchip in the animal.
- When sold or given to another regulated facility, animals with a microchip must have an official tag or tattoo if the new facility does not have a compatible scanner.
- APHIS may revoke an approval at any time if the microchipping system is discovered to be ineffective.

Licensee/Registrant Signature _____

Date _____

Approved by APHIS Official _____

Date _____



USDA, APHIS, Animal Care

SEARCH FOR UNLICENSED ACTIVITY

Search Conducted by _____ Date Conducted _____

Name of Establishment _____ Customer No. if applicable _____

Person Contacted _____

Address _____

City _____ State _____ Zip _____ Phone No _____

Reason for search _____

Regulated activity verified Yes No Non-compliances present Yes No Inspection Report done? Yes No

Application packet and information provided? Yes No

Details of Search:

INSPECTOR _____ DATE _____
REVIEWED BY _____ DATE _____

State and Territory Identification Codes National Uniform Tag Code Number

Arranged Alphabetically			
Alabama	64	Montana	81
Alaska	96	Nebraska	47
Arizona	86	Nevada	88
Arkansas	71	New Hampshire	12
California	93	New Jersey	22
Colorado	84	New Mexico	85
Connecticut	16	New York	21
Delaware	50	North Carolina	55
Dist. Of Columbia	10	North Dakota	45
Florida	58	Ohio	31
Georgia	57	Oklahoma	73
Guam	97	Oregon	92
Hawaii	95	Pennsylvania	23
Idaho	82	Puerto Rico	94
Illinois	33	Rhode Island	15
Indiana	32	South Carolina	56
Iowa	42	South Dakota	46
Kansas	48	Tennessee	63
Kentucky	61	Texas	74
Louisiana	72	Utah	87
Maine	11	Vermont	13
Maryland	51	Virginia	52
Massachusetts	14	Virgin Islands	98
Michigan	34	Washington	91
Minnesota	41	West Virginia	54
Mississippi	65	Wisconsin	35
Missouri	43	Wyoming	83

Arranged Numerically			
10	Dist. of Columbia	56	South Carolina
11	Maine	57	Georgia
12	New Hampshire	58	Florida
13	Vermont	61	Kentucky
14	Massachusetts	63	Tennessee
15	Rhode Island	64	Alabama
16	Connecticut	65	Mississippi
21	New York	71	Arkansas
22	New Jersey	72	Louisiana
23	Pennsylvania	73	Oklahoma
31	Ohio	74	Texas
32	Indiana	81	Montana
33	Illinois	82	Idaho
34	Michigan	83	Wyoming
35	Wisconsin	84	Colorado
41	Minnesota	85	New Mexico
42	Iowa	86	Arizona
43	Missouri	87	Utah
45	North Dakota	88	Nevada
46	South Dakota	91	Washington
47	Nebraska	95	Oregon
48	Kansas	93	California
50	Delaware	94	Puerto Rico
51	Maryland	95	Hawaii
52	Virginia	96	Alaska
54	West Virginia	97	Guam
55	North Carolina	98	Virgin Islands

IMPORTANT

THE FEDERAL DEBT COLLECTION ACT of 1996 requires us to obtain your **Taxpayer Identification Number**. This would be either your Social Security Number or your Employer Identification Number.

This number is for the purpose of collecting and reporting on any delinquent amounts arising out of a person's relationship with the government.

Our computer system will no longer allow processing of your application, license renewal or registration update without entering one of the above numbers.

We appreciate your cooperation in this matter. Please complete the following blanks and return this with your application, renewal application or registration update.

Your Name: _____

Your Facility Name: _____

License/Registrant Number: _____

Social Security Number: _____

OR

Employer Identification Number: _____

VOLUNTARY CANCELLATION OF LICENSE/REGISTRATION

TO: United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

I wish to cancel my license/registration as a USDA licensed or registered

Dealer Exhibitor Research Facility Carrier Intermediate Handler

LICENSE/REGISTRATION NUMBER _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER () _____

I am discontinuing operations as a dealer, exhibitor, research facility, carrier, or intermediate handler and do voluntarily surrender my license/registration. I understand that if a license or registration is required in the future, it will be necessary to apply for a license/registration and meet all the requirements. Furthermore, I understand that operating without a license/registration is a violation of the Animal Welfare Act and subject to punishment.

MY LICENSE/REGISTRATION CERTIFICATE IS ATTACHED.

I CANNOT RETURN MY LICENSE/REGISTRATION CERTIFICATE BECAUSE:

SIGNATURE _____

DATE _____

PRINT NAME _____

TITLE _____

