

5.0 Pre-Inspection Procedures

Managing Your Territory.....5.1
Preparing for the Inspection.....5.2
Equipment and Supplies.....5.3
Forms and Sheets.....5.4

**MANAGING
YOUR
TERRITORY**

The inspector is responsible for efficiently scheduling his/her time so that the Agency's inspection goals are met.

Job aids which may be used to manage a field territory include, but are not limited to:

- appropriate maps (State, county, city)
- Risk-Based Inspection System (RBIS) information
- calendar
- area phone books
- LARIS printouts

The inspector should develop a system to efficiently schedule inspection activities.

NOTE: Complaints and prelicense inspections may take precedence over regularly scheduled activities.

Some factors to consider when developing an inspection schedule are:

- RBIS
- location of facility
- proximity of other facilities
- hours of operation of the facility
- time of year, e.g., spring planting, fall harvest
- travel distance
- Animal Care Policy

Map out location of assigned facilities to efficiently plan an inspection schedule.

Vary inspection schedule so that facility inspections do not fall into a predictable pattern.

| | |
|-------------------------------------|--|
| PREPARING FOR THE INSPECTION | The inspector must review the appropriate information in order to conduct a thorough inspection. |
| Information | Prior to the inspection, the inspector should review the following information: <ul style="list-style-type: none">• research facility's past inspections• research facility's Annual Report• applicable sections of the regulations and standards• applicable sections of the Animal Care Resource Guide• applicable Animal Care Policies• other relevant resources |

**EQUIPMENT &
SUPPLIES**

The inspector must have the proper equipment and supplies either with him/her or in the government vehicle to conduct a thorough inspection of a research facility.

EQUIPMENT

The following equipment is highly recommended:

- laptop computer/printer
- extra printer cartridge
- paper
- blank inspection forms (in case of computer/printer failure)
- reference material, such as:
 - ▶ Subpart A-Animal Welfare
 - ▶ Animal Care Resource Guide
 - ▶ Animal Care Policies
 - ▶ reference texts
- official badge and identification
- business cards
- note pad
- pen/pencil
- tape measure
- thermometer
- flashlight and extra batteries
- camera/video camera and extra batteries
- film/memory card
- Kestrel Weather Meter
- Raytek MiniTemp Thermometer
- rubber boots and/or disposable boots
- soap/disinfectant
- pail and scrub brush for rubber boots
- ear plugs
- First-Aid Kit

The following equipment is optional:

- calculator
- copy machine
- binoculars
- hand counter
- inspection checklists
- coveralls
- towels/paper towels

Special Equipment

Nonhuman Primates

The following equipment is recommended for inspecting facilities with macaques, if within 5 feet of the macaques:

- respirator - Level N95 or better
- coveralls - preferably disposable
- full face shield and eye protection, such as safety glasses or goggles
- disposable gloves
- biological waste bag
- disinfectant
- exposure kit

The following equipment is recommended for inspecting facilities with other nonhuman primates:

- respirator - Level N95 or better

Other Animals

The following equipment is recommended for inspecting elephants:

- respirator - Level N95 or better

NOTE: To wear a respirator, you must meet the APHIS Respirator Program Requirements, i.e., medical clearance and fit testing.

SUPPLIES

The following forms and information should be available for distribution to the research facility/general public by the inspector:

- The Animal Welfare Act
- AWA Regulations & Standards
- Licensing and Registration Under the Animal Welfare Act - Program Aid 1117 (gray booklet)
- Inspection Guides
- Policy Manual
- APHIS Fact Sheets
- prelicense packets and information
- registration packets and information (if your Region has one)
- APHIS Forms for record keeping :
 - ▶ 7005 - Record of Dogs & Cats on Hand

- ▶ 7006 - Record of Disposition of Dogs & Cats
- ▶ 7006A - Continuation Sheet for Record of Disposition of Dogs & Cats
- ▶ 7019 - Record of Animals on Hand (other than Dogs & Cats)
- ▶ 7020 - Record of Disposition (other than Dogs & Cats)
- ▶ 7020A - Continuation Sheet for Record of Disposition of Animals (other than Dogs & Cats)
- Animal Welfare Order Sheet for APHIS record keeping forms
- Application for License-New License (APHIS Form 7003-A)
- Application for Registration (APHIS Form 7011)
- Exercise Plan for Dogs sheets and instructions
- Letter to applicant about handling requirements for dangerous animals
- List of Commercial Tag Manufacturers
- Procedure for Obtaining a Tattoo Code
- Program of Veterinary Care - APHIS Form 7002
- Request to Add/Delete Sites
- Request to Use Microchipping as a Method of Identification
- Taxpayer Identification Number reporting form
- Voluntary Cancellation of License/Registration

**Reference Texts
& Materials**

The following texts and materials are information that you should have for reference. You should check with your SACS before ordering any of these books (see pages 5.3.6 - 5.3.9 for ordering information). If you are unable to find any of these books, contact your SACS or Regional Office.

Industry Standards Related Texts/Materials

- AZA (American Zoological Association) Standards
NOTE: Information from these standards may not be copied and distributed to licensees/registrants.
- Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching - "Ag Guide"
- Guide for the Care and Use of Laboratory Animals - "ILAR Guide"

- Live Animal Regulations (International Air Transport Association)
- Psychological Well-Being of Nonhuman Primates (National Research Council)
- Report of the AVMA Panel on Euthanasia - 2000 Edition

General Reference Texts

- Cat Owner's Home Veterinary Handbook
- Don't Shoot the Dog! The New Art of Teaching and Training
- Encyclopedia of Mammals
- Handling Fish Fed to Fish-Eating Animals
- Handling Frozen/Thawed Meat and Prey Items Fed to Captive Exotic Animals
- Information Resources for Adjuvants and Antibody Production
- Marine Mammal American Cetacean Society Guide
- Marine Mammal Water Quality: Proceedings of a Symposium, Technical Bulletin 1868
- Pictorial Guide to the Living Primates
- Pinnipeds: Seals, Sea Lions and Walruses
- Recognition and Alleviation of Pain and Distress in Laboratory Animals (National Research Council)
- Sierra Club Handbook of Seals and Sirenians
- Sierra Club Handbook of Whales and Dolphins
- Simon & Schuster's Guide to Cats
- Simon & Schuster's Guide to Dogs
- Simon & Schuster's Guide to Mammals
- Sterilization of Marine Mammal Pool Water, Technical Bulletin 1797
- Veterinary Notes for Dog Breeders
- Wild Mammals in Captivity - Principles & Techniques
- Zoo and Wild Animal Medicine - Current Therapy 3

Optional Reference Texts

- Biosafety in Microbiological and Biomedical Laboratories
- Handbook of Veterinary Drugs, 2nd edition
- Merck Veterinary Manual, 8th edition

Miscellaneous

The following miscellaneous forms and information are recommended for the inspector to have:

- Checklist for Animal Care Inspection sheets
 - Complaint sheets
 - Inspection Report blanks
 - photograph labels
 - Search for Unlicensed Activity sheets
 - State & Territory Identification Codes
-

ORDERING INFORMATION FOR REFERENCE TEXTS

INDUSTRY STANDARDS RELATED TEXTS & MATERIALS

| TITLE | AUTHOR(S) | PUBLISHER | ISBN or Ordering Info |
|--|--|--|---|
| AZA Standards | American Zoological Association | | Obtain from Regional Office |
| Guide for the Care & Use of Agricultural Animals in Ag Research & Teaching | Federation of Animal Science Societies (FASS) | Federation of Animal Science Societies 1111 N. Dunlap Ave. Savoy, IL 61874 | Obtain from FASS at 217-356-3182 |
| Guide for the Care & Use of Laboratory Animals | Institute of Laboratory Animal Resources | National Academy Press Washington, DC | 0-309-05377-3 |
| Live Animal Regulations - 25th Edition | International Air Transport Association (IATA) | IATA 800 Place Victoria Montreal, Quebec Canada H4Z 1M1 | 92-9171-077-6 |
| Psychological Well-Being of Nonhuman Primates (The) | National Research Council | National Academy Press Washington, DC | 0-309-05233-5 |
| Report of the AVMA Panel on Euthanasia-2000 edition | American Veterinary Medical Association | | Obtain from AVMA at www.avma.org |

GENERAL REFERENCE TEXTS & MATERIALS

| TITLE | AUTHOR(S) | PUBLISHER | ISBN or Ordering Info |
|--------------------------------------|-----------------------------|-----------------------------------|------------------------------|
| Cat Owner's Home Veterinary Handbook | D.G. Carlson & J.M. Griffin | Howell Book House New York, NY | 0-87605-796-2 |
| Don't Shoot the Dog! | Karen Pryor | Bantam Books New York, NY | 0-553-25388-3 |

| TITLE | AUTHOR(S) | PUBLISHER | ISBN or Ordering Info |
|--|---|--|--|
| Encyclopedia of Mammals (The) | David Macdonald (editor) | Facts on File, Inc New York, NY | 0-87196-871-1 |
| Handling Fish Fed to Fish-Eating Animals | Susan Crissey | National Ag Library 10301 Baltimore Ave Beltsville, MD | National Technical Information Srvc. 1-800-553-6847 |
| Handling Frozen/Thawed Meat and Prey Items Fed to Captive Exotic Animals | Susan Crissey Kerri Slifka Pam Shumway Susan Spencer | National Ag Library 10301 Baltimore Ave Beltsville, MD | National Technical Information Srvc. 1-800-553-6847 |
| Information Resources for Adjuvants & Antibody Production | Cynthia Smith (editor) | National Ag Library 10301 Baltimore Ave Beltsville, MD | National Technical Information Srvc. 1-800-553-6847 |
| Marine Mammals American Cetacean Society Guide | Richard Ellis | American Cetacean Society | Available thru www.acsonline.org/ordrform.htm |
| Marine Mammal Water Quality: Proceedings of a Symposium, Technical Bulletin 1868 | John Coakley Richard Crawford | USDA, APHIS | Available from Regional Office |
| Pictorial Guide to the Living Primates (The) | Noel Rowe | Pogonias Press East Hampton, NY | 0-9648825-1-5 |
| Pinnipeds: Seals, Sea Lions & Walruses | Marianne Riedman | | 0520064984 |
| Recognition and Alleviation of Pain and Distress in Laboratory Animals | National Research Council | National Academy Press Washington, DC | 0-309-04275-5 |
| Sierra Club Handbook of Seals and Sirenians (The) | Randall Reeves Brent Stewart & Stephen Leatherwood | The Sierra Club | Available thru www.sierraclub.org/books/ |

| TITLE | AUTHOR(S) | PUBLISHER | ISBN or Ordering Info |
|--|---------------------------------------|---|---|
| Sierra Club Handbook of Whales & Dolphins (The) | Randall Reeves & Stephen Leatherwood | The Sierra Club | Available thru www.sierraclub.org/books/ |
| Simon & Schuster's Guide to Cats | Mordecai Siegal (editor) | Simon & Schuster, Inc New York, NY | 0-671-49170-9 |
| Simon & Schuster's Guide to Dogs | Elizabeth Meriwether Schuler (editor) | Simon & Schuster, Inc New York, NY | 0-671-25527-4 |
| Simon & Schuster's Guide to Mammals | Sydney Anderson (editor) | Simon & Schuster, Inc New York, NY | 0-671-42805-5 |
| Sterilization of Marine Mammal Pool Water, Technical Bulletin 1797 | Stephen Spotte | USDA, APHIS | Available on Animal Care website |
| Veterinary Notes for Dog Breeders | Annette Carricato | Howell Book House New York, NY | 0-87605-805-5 |
| Wild Mammals in Captivity - Principles & Techniques | Devra Kleimann (editor) | University of Chicago Press Chicago, IL | 0-226-44003-6 |
| Zoo & Wild Animal Medicine - Current Therapy 3 | Murray Fowler (editor) | W.B. Saunders Co. Philadelphia, PA | 0-7216-3667-5 (3rd edition preferred) |

OPTIONAL REFERENCE TEXTS

| TITLE | AUTHOR(S) | PUBLISHER | ISBN or Ordering Info |
|---|---|---|--|
| Biosafety in Microbiological & Biomedical Laboratories-4th edition (May 1999) | Jonathan Richmond & Robert McKinney (editors) | Superintendent of Documents U.S. GPO Washington, DC 20402 | 017-040-00547-4 Superintendent of Documents 202-512-2250 |

| TITLE | AUTHOR(S) | PUBLISHER | ISBN or Ordering Info |
|---|---------------------|---|----------------------------------|
| Veterinary Drug Handbook, most current edition | Donald Plumb | Iowa State University (ISU) Press Ames, IA | ISU Press 1-800-862-6657 |
| Merck Veterinary Manual (The), most current edition | Susan Aiello, et al | Merck & Company Rahway, N.J. | |

INDEX FOR FORMS & SHEETS

| | |
|--|--------|
| Animal Welfare Order Form..... | 5.4.3 |
| Application for License - New License (APHIS Form 7003-A)..... | 5.4.4 |
| Application for License - Renewal (APHIS Form 7003)..... | 5.4.5 |
| Application for Registration (APHIS Form 7011)..... | 5.4.6 |
| Checklist for Animal Care Inspection Report..... | 5.4.7 |
| Complaint Sheet..... | 5.4.8 |
| Exercise Plan for Dogs..... | 5.4.9 |
| Exercise Plan for Dogs - Instructions..... | 5.4.10 |
| Handling of Dangerous Animals Letter..... | 5.4.11 |
| Inspection Report (Blank)..... | 5.4.14 |
| List of Commercial Tag Manufacturers..... | 5.4.15 |
| Perimeter Fence Variance Request Letter..... | 5.4.16 |
| Photograph label..... | 5.4.18 |
| Procedure for Obtaining a Tattoo Code..... | 5.4.19 |
| Program of Veterinary Care (APHIS Form 7002)..... | 5.4.20 |
| Program of Veterinary Care Instructions..... | 5.4.24 |
| Record of Acquisition and Dogs and Cats on Hand (APHIS Form 7005)..... | 5.4.25 |
| Record of Animals on Hand (Other than Dogs or Cats) (APHIS Form 7019)..... | 5.4.27 |
| Record of Disposition of Dogs and Cats (APHIS Form 7006)..... | 5.4.28 |
| Record of Disposition of Dogs and Cats - Continuation Sheet (APHIS Form 7006A)..... | 5.4.30 |
| Record of Acquisition, Disposition or Transport of Animals (Other than Dogs and Cats) (APHIS Form 7020)..... | 5.4.32 |

Record of Acquisition, Disposition or Transport of Animals (Other than Dogs and Cats) - Continuation Sheet (APHIS Form 7020A)..... 5.4.34

Request for USDA License5.4.36

Request to Add/Delete Sites.....5.4.37

Request to Use Microchipping as a Method of Identification.....5.4.38

Search for Unlicensed Activity form.....5.4.39

State and Territory Identification Codes..... 5.4.40

Taxpayer Identification Number.....5.4.41

Voluntary Cancellation of License/Registration.....5.4.42

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: _____

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.

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

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

| 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 | | |
| Bulmastiff | - 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 (Col 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 | | | | |

This record is required by law (7 USC 2131, 215B). Failure to maintain this record can result in suspension or revocation of license.

Public reporting burden for this collection of information is estimated to average 10 annual hour 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.

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

FORM APPROVED OMB NO 0570-0035

RECORD OF ANIMALS ON HAND (Other than Dogs or Cats)

| 1 USDA LICENSE NO. | | 2 NAME AND ADDRESS OF DEALER | | | 3 BUSINESS YEAR | | | 4 PAGE NO. | | | | | | | |
|-------------------------------------|------------|--|---------|----------|-------------------|-------------|----------------------|--|-------------|---------------------------------|----------------|---------------------------|----------------------|------|---|
| | | FROM (Mo, Day, Yr.) | | | TO (Mo, Day, Yr.) | | | | | | | | | | |
| CONTAINER TAG NO OR CHASE OR PEN NO | NO ANIMALS | INDIVIDUAL IDENT. TATTOOS OR TAG NOS (if applicable) | SPECIES | AGE SEX | | INVOICE NO. | DATE (Mo, Day, Year) | ARRIVAL AT PREMISES | | | DISPOSITION | | | | |
| | | | | NO YOUNG | NO ADULT | | | FROM (Name and Address) (Give License No. if Licensee) | INVOICE NO. | DATE SOLD, EXCHANGED OR DONATED | MO., DAY, YEAR | DATE DIED (Mo., Day, Yr.) | INSPECTOR'S INITIALS | DATE | |
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |
| | | | D | M | F | | | | | | | | | | |

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 | | | | |
| | 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 - SH | Saint Bernard - SB |
| Bedlington Terrier - BL | Pointer - PT | Samoyed - SM |
| Bichon Frise - BF | Golden Retriever - GR | Schipperkee - SK |
| Black and Tan Coonhound - BT | Gordon Setter - GO | Schnauzer - SN |
| Blastick - BK | Great Dane - GD | Scottish Terrier - SC |
| Boston Terrier - BO | Great Pyrenees - GP | Shar-pei - SP |
| Boxer - BX | Greyhound - GH | Shetland Sheepdog - SS |
| Bullmastiff - BM | Husky - HK | Shih-tzu - SI |
| Cairn Terrier - CT | Irish Setter - IS | Silky Terrier - ST |
| Catahoula - CU | Jack Russell Terrier - JR | Sptz - SZ |
| Chihuahua - CA | Keeshond - KH | Springer Spaniel - SR |
| Chinese Crested Dog - CD | King Charles Spaniel - KC | Staffordshire Bull Terrier - SA |
| Chow-Chow - CC | Komondor - KM | Walker - WK |
| Cocker Spaniel - CK | Labrador Retriever - LR | Werneraner - WI |
| Collie - CL | Lhasa Apso - LA | Weish Corgi - WC |
| Coonhound (Specify) - CH | Malamute - MA | Whippet - WH |
| Dachshund - DH | Mastiff - MA | Yorkshire Terrier - YT |
| Dalmation - DL | Maltese - MT | Other (specify) |
| Doberman - DB | Miniature Pinscher - MP | |
| Elkhound - EH | Newfoundland - NF | |
| English Bulldog - EB | Old English Sheepdog - OE | |
| | 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 |

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

FORM APPROVED OMB NO 0579-0036

CONTINUATION SHEET FOR
RECORD OF DISPOSITION OF DOGS AND CATS

| | |
|-----------------------|---------|
| 1 DATE OF DISPOSITION | 2. PAGE |
| | OF |

SALE EXCHANGE OR TRANSFER DONATION

3. SELLER OR DONOR (Name & Address)

4. BUYER OR RECEIVER (Name)

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

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

5. IDENTIFICATION OF ANIMALS BEING DELIVERED *If mixed breed, list 2 dominant breeds

| IDENTIFICATION NUMBER | COMPLETE ITEMS A THRU G FOR EACH ANIMAL | | | | | | |
|-----------------------|---|-----|---|----------------------|----|-----------------|--|
| | DOG | CAT | | AGE OR DATE OF BIRTH | WT | BREED OR TYPE * | DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail, tattoos, etc.) |
| | | 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 | | | |
| | 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 | | | |

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.

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

**RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT
OF ANIMALS (Other Than Dogs and Cats)**

SALE EXCHANGE OR TRANSFER DONATION

INSTRUCTIONS: Complete applicable Items 1 through 13. Original and one copy to accompany animals. When delivery is made - Items 14 through 20 must be completed. Original retained by Buyer (Receiver) and copy one returned to Dealer (Seller or Donor). Copy two to be retained by Dealer (Seller or Donor). Attach Continuation Sheet (APHIS FORM 7020A) as needed.

1. INVOICE NO. 2. PAGE
1 OF

3. DATE OF DISPOSITION

4. DEALER'S LICENSE NO.

4. SELLER OR DONOR (Name and Address, include Zip Code)

6. BUYER OR RECEIVER (Name and Address, include Zip Code)

7. USDA LICENSE NO. (If any)

B. IDENTIFICATION OF ANIMALS BEING DELIVERED

| A. CON- TAINER TAG NO., CRATE OR PEN NO. | B. NO. ANI- MALS | C. PREVIOUS INVOICE NO. (if any) | D. INDIVIDUAL IDENT., TATTOOS, TAG NOS. (if applicable) | E. SPECIES | AGE - SEX | | H. EST. WEIGHT (lbs) | I. REMARKS (Condition, etc.) | RECEIVER'S USE | |
|--|---------------------------|--|--|---------------|--------------------|--------------------|-------------------------------|------------------------------------|----------------|----|
| | | | | | F. NO. YOUNG | G. NO. ADULT | | | J. | K. |
| | | | | | 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 | | |
| | | | | | M | F | M | F | | |
| | | | | | M | F | M | F | | |
| | | | | | M | F | M | F | | |

DELIVERY BY COMMERCIAL CARRIER

9. DELIVERY BY ("X" one)
 Buyer's Truck Dealer's Truck (Seller or Donor)

10. TRUCK LICENSE NO.

11. BILL OF LADING NO.

12. NAME AND ADDRESS OF COMPANY OR FIRM

13. NAME AND ADDRESS OF TRUCK DRIVER

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERED WERE ("X" one)
 IN APPARENT GOOD CONDITION POOR CONDITION REJECTED (Attach explanation for rejection)

15. TOTAL NUMBER RECEIVED 16. NUMBER DEAD 17. NUMBER ALIVE

18. BY (Signature) 19. TITLE 20. DATE

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 _____

