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OMB Approved
0579-0036
EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL CARE

INSPECTION REPORT

SECTION I - LICENSEE/REGISTRANT INFORMATION

1. NAME OF LICENSEE/REGISTRANT <i>(first, middle initial, last)</i> :	4. CUSTOMER IDENTIFICATION NUMBER:
2. DOING BUSINESS AS (DBA) <i>(if applicable)</i> :	5. USDA CERTIFICATE NUMBER:
3. FULL BUSINESS ADDRESS:	6. SITE NUMBER:

SECTION II - INSPECTION FINDINGS

7A. INSPECTION TYPE:	7B. INSPECTION DATE:
8. FINDINGS:	

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SECTION III - PREPARER AND RECEIVER INFORMATION

9A. NAME, TITLE, AND SIGNATURE OF PREPARER:	9B. INSPECTOR ID NUMBER:	9C. DATE:
10A. NAME, TITLE, AND SIGNATURE OF RECEIVER:		10B. DATE: