				TITLE OF INF	ORMATION CO	DLLECTION D	CUMENT		OMB NO.	
				Animal Welfare; Amendments to Licensing Provisions and to Requirements for Dogs					0579-XXXX	
							DATE PREPARED			
									March 2	22, 2019
IDENTIFICATION (OF REPORTING OR RECORDKEEPING REQUIREMENT					ANNUAL	BURDEN			
				Ť	REPORTS				RECORDS	
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	TOTAL RECORD- KEEPING HOURS (Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
2.1 and 2.2	Application for License and Acknowledgement of Regulations and Standards	APHIS 7003 A (or equivalent)								
	Business or Other For-Profit		1816	1	1816	0.25	454.00			
	Not-For-Profit Instution		81	1	81	0.25	20.00			
	Farms		61	1	61	0.25	15.00			
	State, Local, and Tribal Governments		38	1	38	0.25	10.00			
	SUBTOTAL				1996.00		499.00	0.00		0.00
	TOTAL OF ALL PAGES				192072.00		23245.00	190076.00		6475.00
	OLUMNS "F" AND "I" = OMB 831, MNS "H" AND "K" = OMB 831, 13c				382148.00		29720.00			

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

(F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (I)Average (I)Average (I)Total/(I)Total = (I)Average (I

IDENTIFICATION C	F REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN							
					REPORTS	RECORDS				
SECTION OF REGS. (A)	DESCRIPTION (B)	FORMS NO (S) (If "none" so state) (C)	NO. OF RESPONDENTS (D)	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER (J)	TOTAL RECORD- KEEPING HOURS (Col. I x J) (K)
2 12	Written Program of Veterinary Care for Dogs	APHIS 7002 or equivalent	()			(-)		V	· ·	,
	Business or Other For-Profit		2916	1	2916	1.00	2916.00	2916	0.50	1458.00
	Not-For-Profit Instution		100	1	100	1.00	100.00	100	0.50	50.00
	Farms		50	1	50	1.00	50.00	50	0.50	25.00
	State, Local, and Tribal Governments		50	1	50	1.00	50.00	50	0.50	25.00
	SUBTOTAL				3116.00		3116.00	3116.00		1558.00

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IDENTIFICATION C	F REPORTING OR RECORDKEEPING REQUIREMENT		ANNUAL BURDEN							
					REPORTS	RECORDS				
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	TOTAL RECORD- KEEPING HOURS (Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
3.13	Veterinary Medical Records for Dogs (preventive care)	None								
	Business or Other For-Profit		2916	54	157464	0.07	11022.00	157464	0.02	3149.00
	Not-For-Profit Instution		100	54	5400	0.07	378.00	5400	0.02	108.00
	Farms		50	54	2700	0.07	189.00	2700	0.02	54.00
	State, Local, and Tribal Governments		50	54	2700	0.07	189.00	2700	0.02	54.00
	SUBTOTAL				168264.00		11778.00	168264.00		3365.00

0.42

0.42

0.42

600

300

300

18696.00

252.00

126.00

126.00

7852.00

0.08

0.08

0.08

600

300

300

18696.00

50.00

25.00

25.00

1552.00

Not-For-Profit Instution

State, Local, and Tribal

SUBTOTAL

Governments

Farms

INSTRUCTIONS: Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c. (F)Total/(D)Total = (E)Average (H)Total/(F)Total = (G)Average (K)Total/(I)Total = (I)Average (I)Av			Animal Wel	ORMATION Co fare; Amend nents for Dooุ	OMB NO. US /9-XXXX DATE PREPARED							
	vears list as "1/6" & decimal will display								March 2	22, 2019		
IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT				ANNUAL BURDEN								
				REPORTS								
SECTION OF REGS.	DESCRIPTION (B)	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT (E)	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER (J)	TOTAL RECORD- KEEPING HOURS (Col. I x J) (K)		
(A)	Veterinary Medical Records for	(C)	(0)	(⊏)	(٢)	(G)	(П)	(1)	(3)	(K)		
3.13	Dogs (ill or injured)	None			0		0.00			0.00		
	Business or Other For-Profit		2916	6	17496	0.42	7348.00	17496	0.08	1452.0		

100

50

50