

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

**SEARCH FOR UNLICENSED ACTIVITY**

Search Conducted By:	Date Conducted:
Name of Establishment:	Customer No.: (if applicable)
Person Contacted:	
Mailing Address:	

City:	State:	Zip Code:	Phone No.:
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Reason for Search:
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Regulated Activity Verified: <input type="checkbox"/> YES. <input type="checkbox"/> NO.	Non-Compliances Present: <input type="checkbox"/> YES. <input type="checkbox"/> NO.	Inspection Report Done: <input type="checkbox"/> YES. <input type="checkbox"/> NO.
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Application Packet and Information Provided: <input type="checkbox"/> YES. <input type="checkbox"/> NO.
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Details of Search:
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Inspector:	Date:
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Reviewed By:	Date:
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