



**PERIODIC HEALTH INSPECTION**

*(Inspections to be made at least every 6 months - type or print data, sign in ink)*

DATE	REMARKS	SIGNATURE <i>(Examining Veterinarian)</i>

COPY DESIGNATIONS  
LOWER RIGHT CORNER  
IN BLACK INK

PART 1 - AREA OFFICE, RIVERDALE, MD

PART 2 - ZOO

PART 3 - RIVERDALE, MD OFFICE

PART 4 - VS AREA OFFICE