

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.:
-------	--------	-----------	------------

Reason for Search:

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.
---	---	--

Application Packet and Information Provided: <input type="checkbox"/> YES. <input type="checkbox"/> NO.

Details of Search:

Inspector:	Date:
------------	-------

Reviewed By:	Date:
--------------	-------