

# !!! IMPORTANT RELICENSING INFORMATION !!!

## UPDATED AWA REGULATIONS REQUIRE SUBMISSION OF LICENSE APPLICATIONS 90 DAYS PRIOR TO EXPIRATION

On November 9, 2020 AC implemented the updated AWA regulations. These changes aim to promote compliance, reduce licensing administrative burdens, and strengthen safeguards to ensure humane care for animals covered under the Animal Welfare Act.

Licensees are now required to demonstrate compliance with the AWA by successfully passing a re-license inspection before a new license will be issued. Newly issued licenses will be active for three-years.

Animal Care utilized a phased-in approach to implementation by randomly selecting one third of active licensees to transition to the three-year license each year for the next 3 years. **You are receiving this notice because your license is due to transition to a three-year license.**

Your re-license application must be submitted to Animal Care **90 days PRIOR** to the expiration date of your current license. This will afford you and your inspector time to conduct a re-license inspection prior to your current license expiring. In this application kit we have included all the information that will assist you through this new licensing process. If you have further questions, please feel free to contact your home inspector or our office at [AnimalCare@usda.gov](mailto:AnimalCare@usda.gov) or 970-494-7478.

**DON'T DELAY APPLY TODAY!!!**



Animal and Plant  
Health Inspection  
Service

RE: LICENSE EXPIRATION REMINDER

Animal Care

Fort Collins Office  
2150 Centre Avenue  
Building B, 3W11  
Fort Collins, CO  
80526  
Phone: 970-494-7478  
[AnimalCare@usda.gov](mailto:AnimalCare@usda.gov)

Dear Licensee:

This letter is to inform you that your U.S. Department of Agriculture (USDA) Animal Welfare Act (AWA) license is set to expire and your application is due. **All licensing applications are now required to be received 90 days prior to the expiration date of your current license.**

Please complete the enclosed application and tax identification form and return them to the above address, along with your non-refundable \$120.00 licensing fee. You may pay by cashier's check, certified check, personal check, money order or credit card. If you choose to pay with a credit card, please use the enclosed credit card authorization form. Animal Care cannot accept cash payments.

You may submit your application and credit card payment via email to [AnimalCare@usda.gov](mailto:AnimalCare@usda.gov). If you have questions about your email application, please contact our office. If you choose to mail your application and payment it is recommended to use a mailing service that provides a tracking number. All applications are processed in the order that they are received.

After your application and payment is received and processed, an inspector will contact you to schedule your re-license inspection. You are afforded up to three re-licensing inspections within 60 days to demonstrate compliance with the AWA. If you do not demonstrate compliance within 60 days of the first announced inspection your application will be terminated. As a reminder, your current license will expire on the date listed on your license certificate. If your license expires and you continue to conduct regulated activity, you will be in violation of the AWA and regulations.

The AWA now requires that any changes to your animal inventory, addition of dangerous animals, changes to your name, address, location, control, or ownership of your business must be reported to the office and may require a new license and re-license inspection.

**Your AWA license application must be received 90 days prior to the expiration date of your current license.**

We hope this information is helpful, and we look forward to hearing from you. Contact your home inspector or this office at (970) 494-7478 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Elizabeth Goldentyer, D. V. M.  
Deputy Administrator  
USDA, APHIS, Animal Care

## This Packet is for: Re-License Application



This packet includes information needed to submit your application.

Submission of the \$120.00 application fee is required prior to processing your application. Animal Care accepts credit cards, checks, and money orders as payment. Animal Care cannot accept cash payments.

We strongly recommend paying your licensing fee by credit card. You may submit a completed credit card authorization form today with your completed application. If you choose to pay by check or money order you must mail the payment to the Animal Care office, which could result in a delay processing your application. Your application will remain pending until payment is received.

After the application is signed and submitted, and Animal Care receives your payment, you can expect to hear from an Animal Care representative in approximately 15 business days.

If you have questions regarding the submission process, please contact Animal Care via email: [AnimalCare@usda.gov](mailto:AnimalCare@usda.gov)

### Required Forms:

- License Application: APHIS Form 7003A
- Federal Debt Collection Form: APHIS Form 7030

### Optional Forms:

- Credit Card Authorization Form: APHIS Form 7031
- Animal Welfare Forms Order

<b>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICES</b>  <b>APPLICATION FOR LICENSE</b> (TYPE OR PRINT)	<b>OFFICIAL USDA USE ONLY</b>	<b>OMB Approved 0579-0470, Exp 06/2023</b>	
	SEND THE COMPLETED FORM TO:  USDA APHIS ANIMAL CARE 2150 CENTRE AVE. BUILDING B, 3W11 FORT COLLINS, CO 80526		
	<b>LICENSE/CUSTOMER NUMBER</b>	<b>EXPIRATION DATE</b>	<b>DATE RECEIVED</b>

*No license shall be issued unless a completed application and appropriate fees are received, and the applicant is in compliance with the standards and regulations (7 U.S.C. §§ 2132-2143). A license may be denied or license terminated if the applicant has made false or fraudulent statements or provided false or fraudulent records to USDA (9 C.F.R §§ 2.11 and 2.12).*

<b>1. TYPE OF LICENSE:</b> <input type="checkbox"/> CLASS A- BREEDER <input type="checkbox"/> CLASS B- DEALER <input type="checkbox"/> CLASS C- EXHIBITOR	<b>2. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
<b>3. NAME, MAILING ADDRESS, AND COUNTY (SEE INSTRUCTIONS):</b>   COUNTY:	<b>4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES (P.O. BOX ADDRESSES ARE NOT ACCEPTABLE):</b> <input type="checkbox"/> Same as Block 1   COUNTY: <input type="checkbox"/> CHECK IF ADDITIONAL LOCATIONS ARE LISTED ON SEPARATE SHEET. <input type="checkbox"/> CHECK IF YOU WILL BE TRAVELING OVERNIGHT WITH ANIMALS.
<b>5. TELEPHONE NUMBER(S):</b>	<b>6. EMAIL ADDRESS:</b>
<b>7. PREVIOUS USDA LICENSE NUMBER (IF ANY):</b>	<b>8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST:</b>

**9. VIOLATIONS AND NOLO CONTENDRE (9 C.F.R § 2.1(a)(1)(vii))**  
 Disclose any pleas of nolo contendere (no contest) or finding of a violation of Federal, State, or local laws or regulations pertaining to animal cruelty or the transportation, ownership, neglect, or welfare of animals.

NONE                       YES, EXPLAIN (ATTACH ADDITIONAL INFORMATION OR RECORDS.)

**10. IF THE APPLICANT IS A CORPORATION, PARTNERSHIP, OR OTHER BUSINESS ENTITY, LIST THE ENTITY'S OFFICERS AND AGENTS.**

CHECK THIS BOX IF ADDITIONAL PERSONS ARE LISTED ON AN ADDITIONAL SHEET.

NAME	TITLE

**11. LIST THE ACTUAL OR ANTICIPATED TYPES AND MAXIMUM NUMBER OF ANIMALS OWNED, HELD, MAINTAINED, SOLD, EXHIBITED, OR LEASED AT ANY ONE TIME DURING THE PERIOD OF LICENSURE (9 CFR §2.1(a)(1)(i)):**

ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER
DOGS		NONHUMAN PRIMATES (GROUPS 1-4) §3.80(B)(2)(i)		HIPPOPOTAMUSES	
CATS		NONHUMAN PRIMATES (GROUPS 5-6) §3.80(B)(2)(i)		GIRAFFES	
GUINEA PIGS		BEARS		WILD/EXOTIC HOOFSTOCK	
HAMSTERS		EXOTIC/WILD FELIDS AND HYBRIDS		MARINE MAMMALS	
RABBITS		HYENAS, EXOTIC/WILD CANIDS AND HYBRIDS		<b>TOTAL ANIMALS</b>	
FARM ANIMALS (exclude horses)		ELEPHANTS			
OTHER ANIMALS (not listed elsewhere)		RHINOCEROSES			

CHECK THIS BOX IF ADDITIONAL PAGES ARE USED TO LIST ANIMALS.

**CERTIFICATION**

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby certify that I have reviewed the Act, regulations, and standards. To the best of my knowledge and belief, I am in compliance with and agree to continue to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am and all listed persons are 18 years of age or older.

<b>12. SIGNATURE:</b>	<b>13. PRINT NAME AND TITLE:</b>	<b>14. DATE:</b>
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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0470. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**INSTRUCTIONS FOR LICENSE APPLICATION**  
(APHIS FORM 7003A & TAX IDENTIFICATION SHEET)

- **Please** read all instructions before completing the application and Tax ID sheet.
- **Contact** the USDA APHIS Animal Care office at 970-494-7478 for any questions.
- **Corrections** and/or clarifications will delay the processing of your application.
- **ALL BLOCKS MUST BE COMPLETED**; if one does not apply please put “N/A”.
- **ONLY send** to the USDA APHIS Animal Care office:
  1. Application (APHIS FORM 7003A)
  2. Tax ID sheet (Green sheet)
- **Payments** can be made by check, money order, or credit card. Cash is not accepted.

**Completing the APHIS Form 7003A License Application:**

**Block 1:** Check the box that best describes your business activity.

- **Class A (breeder)** – Sells only animals bred and raised at your facility.
- **Class B (broker)** – Buys and sells animals or is an operator of an auction.
- **Class C (exhibitor)** – Exhibits animals to the public.

**Block 2:** Check the box that best describes your business.

- **Individual** – Owner name only listed in Block 3.
- **Partnership** – Either partner’s name or business name listed in Block 3.
- **Corporation** or **Other** – Business name listed in Block 3.

**Block 3:** Complete this block with the applicant name mailing address, and county.

- **Applicant** means the name the license will be under.

If applying as an **Individual**, put the individual’s name only.

If applying as a **Partnership**, please either list all partner’s names or the business name.

If applying as **Corporation** or **Other**, list the business name only.

- **Mailing Address** refers to the address all correspondences will be mailed to.

Cannot be left blank, and can include only one address.

Include the county that the business address is in.

**Block 4:** List the addresses of all locations, facilities, premises, or sites where the animals, equipment, vehicles, and records are or will be located.

- P.O. Boxes cannot be listed in this Block.
- Include the county that the address is located.
- If necessary, use an additional sheet if more than one address.

**Block 5:** List the telephone number where the applicant can be reached.

**Block 6:** List the email address that is used to send and receive electronic correspondence to the applicant/licensee.

- Block 7:** Complete this block if you had a previous license number.
- Block 8:** Complete this block if you have a business interest in another active USDA license.
- Block 9:** Disclose if you have any animal violations or have pled no contest to animal incidents. If yes, describe the incident(s) and attach additional information or records, if necessary.
- Block 10:** Complete this block with all officers authorized to conduct business for the license.
- If applying as an **Individual**, this block does not need to be completed.
  - If applying as a **Partnership**,  
Under owners' names this block does not need to be completed.  
Under the business name list all names authorized to conduct business for this license.  
Owner cannot be used as a title.
  - Indicate the person who should be listed as the attention person for receiving mail.  
If applying as a **Corporation** or **Other**;  
List all names authorized to conduct business for this license.  
Owner cannot be used as a title.  
Indicate the person who should be listed as the attention person for receiving mail.
- Block 11:** List the actual or anticipated number of animals for each types of animals in the businesses inventory.
- For animals listed under Group 5 Nonhuman primates include baboons and non-brachiating species larger than 33.0 lbs. (15 kg.).
  - For animals listed under Group 6 Nonhuman primates include great apes over 55.0 lbs. (25 kg.) and brachiating species.
- Block 12-14:** Complete these blocks with an authorized person's signature, name, title, and date the application is signed.

## Privacy Act Notice

**Authority:** The Animal Welfare Act (AWA), 7 U.S.C. 2131 *et seq.*, and the regulations issued thereunder, 9 CFR parts 1 through 4; and the Horse Protection Act (HPA), 15 U.S.C. 1821 *et seq.*, and the regulations issued thereunder, 9 CFR parts 11 and 12.

**Purpose:** This system supports APHIS' administrative activities and enforcement of the AWA and HPA.

**Routine Uses:**

In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act, records maintained in the system may be disclosed outside USDA as follows:

- (1) APHIS may disclose the name, city, State, license or registration type and/or status, or change of a license or registrant to any person pursuant to 9 CFR 2.38(c) and 2.127;
- (2) APHIS may disclose annual reports submitted to APHIS by licensees and research facilities to any person pursuant to 9 CFR 2.7 and 2.36;
- (3) APHIS may disclose inspection reports and other regulatory correspondence issued to licensees and registrants [from the agency] to any attending veterinarian in order to carry out duties under the AWA pursuant to 9 CFR 2.33 and 2.40;
- (4) APHIS may disclose the name, telephone number and other contact information, location, inspection reports, and regulatory and other correspondence of licensees, registrants, permittees, and applicants for the same, to appropriate Federal, foreign, State, local, Tribal, or other public authority agencies or officials, in order to carry out duties under the AWA or State, local, Tribal or other public authority on the same subject pursuant to 7 U.S.C. 2145(b);
- (5) APHIS may disclose inspection reports of licensees and registrants, and permit status, to any pet store or other entity that is required under State, local, Tribal, or other public authority to verify a licensee, registrant, or permittee's compliance with the AWA;
- (6) APHIS may disclose information to the National Academies of Sciences, Engineering, and Medicine, and any other research institution engaged or approved by the Department, to the extent APHIS deems the disclosure necessary to complete research and/or compile a report in furtherance of the Department's mission;
- (7) APHIS may disclose final adjudicatory AWA and HPA decisions or orders by an appropriate authority to any person;
- (8) APHIS may disclose to any person the name, city, and State or other information to the extent necessary for proper identification of persons (referred to as "Designated Qualified Persons" or "DQPs") that are or have been qualified to detect and diagnose a horse that is sore or otherwise inspect horses for purposes of enforcing the HPA and of horse industry organizations or associations (referred to as "HIOs") that have currently or have had in the past DQP programs certified by the USDA;
- (9) APHIS may disclose to any regulated horse owner, HIO, and other entities responsible for licensure or required to verify compliance with the HPA, HPA inspection findings and regulatory and other correspondence issued to persons or entities regulated under the HPA;
- (10) APHIS may disclose to any person the name, city, and State or other information to the extent necessary for proper identification of any person or entity who has been disqualified, suspended, and/or otherwise prohibited from showing or exhibiting any horse, or judging or managing any horse show, horse exhibition, horse sale, or horse auction under the HPA and the terms of such action;
- (11) APHIS may disclose to any person the name, city, and State or other information to the extent necessary for proper identification of any regulated individual or entity whose license or permit has been suspended, revoked, expired, terminated, or denied under the AWA and the terms of such action;
- (12) APHIS may disclose to appropriate law enforcement agencies, entities, and persons, whether Federal, foreign, State, local, or Tribal, or other public authority responsible for enforcing, investigating, or prosecuting an alleged violation or a violation of law or charged with enforcing, implementing, or complying with a statute, rule, regulation, or order issued pursuant thereto, when a record in this system on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or court order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity;
- (13) APHIS may disclose to the Department of Justice when the agency, or any component thereof, or any employee of the agency in his or her official capacity, or any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee, or the United States, in litigation, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice is deemed by the agency to be relevant and necessary to the litigation; provided, however, that in each case, the agency determines that disclosure of the records to the Department of Justice is a use of the information contained in the records that is compatible with the purpose for which the records were collected;
- (14) APHIS may disclose information in this system of records to a court or adjudicative body in administrative, civil, or criminal proceedings when:  
(a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are to be for a purpose that is compatible with the purpose for which the agency collected the records;
- (15) APHIS may disclose information from this system of records to appropriate agencies, entities, and persons when: (a) USDA suspects or has confirmed that there has been a breach of the system of records; (b) USDA has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, USDA (including its information systems, programs, and operations), the Federal Government, or national security; and (c) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with USDA's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm;
- (16) APHIS may disclose information from this system of records to another Federal agency or Federal entity, when the USDA determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (a) responding to a suspected or confirmed breach or (b) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs, and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach;
- (17) APHIS may disclose information in this system of records to USDA contractors and other parties engaged to assist in administering the program, analyzing data, developing information management systems, processing Freedom of Information Act requests, and conducting audits. Such contractors and other parties will be bound by the nondisclosure provisions of the Privacy Act;
- (18) APHIS may disclose information in this system of records to USDA contractors, partner agency employees or contractors, or private industry employed to identify patterns, trends, or anomalies indicative of fraud, waste, or abuse;
- (19) APHIS may disclose information in this system of records to a Congressional office from the record of an individual in response to any inquiry from that Congressional office made at the written request of the individual to whom the record pertains;
- (20) APHIS may disclose information in this system of records to the National Archives and Records Administration or to the General Services Administration for records management activities conducted under 44 U.S.C. 2904 and 2906; and
- (21) APHIS may disclose information in this system of records to the Treasury Department as necessary to carry out any and all functions within their jurisdiction, including but not limited to, processing payments, fees, collections, penalties, and offsets.

**Disclosure:** Furnishing this information is voluntary; however, failure to furnish this information may impede your ability to comply with the requirements of the Animal Welfare Act, regulations, and standards.

## Additional Locations, Facilities, Premises, or Sites

If you checked “Additional locations are listed on separate sheet” in box 4, then please use this template to provide the supplemental information.

*P.O. Box addresses are not acceptable. Applications listing P.O. boxes will be returned.*

### Additional Site 1:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

### Additional Site 2:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

### Additional Site 3:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

**Additional Site 4:**

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

**Additional Site 5:**

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

**Additional Site 6:**

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

**Additional Site 7:**

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

**Additional Site 8:**

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

**Additional Site 9:**

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

**Additional Site 10:**

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

Check if additional locations are listed on separate sheet.

## Additional Persons

If you checked “Additional persons are listed on an additional sheet” in box 10, then please use this template to provide the supplemental information.

Box 10. Separate Sheet for Listing Additional Persons

### Additional Person 1:

Name	
Title	

### Additional Person 2:

Name	
Title	

### Additional Person 3:

Name	
Title	

### Additional Person 4:

Name	
Title	

### Additional Person 5:

Name	
Title	

### Additional Person 6:

Name	
Title	

### Additional Person 7:

Name	
Title	

Check if additional persons are listed on separate sheet.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**OMB Approved**  
0579-0036

United States Department of Agriculture  
Animal and Plant Health Inspection Service  
Animal Care  
**Federal Debt Collection Form**

**1: State**

**2: Customer Number:**

**3: Certificate Number:**

The Federal Debt Collection Act of 1996 requires APHIS to obtain your Federal Taxpayer Identification Number. This would be either your Federal Employer Identification Number (EIN) or your Social Security Number(s) (SSN). This number is for the purpose of collecting and reporting any delinquent amounts arising out of a relationship with the Federal Government. Your SSN or EIN is required to process your license/registration application.

New license/registration applications: You must submit your SSN or EIN using this form.

Renewing license/registration applications:

- You must resubmit your SSN or EIN number using this form.
- If the number submitted does not match your previously submitted EIN or SSN, your application for license/registration renewal will be returned with instructions and your renewal delayed.
- If your SSN, EIN, and/or type of organization changes, you may have to apply for a new license/registration.

If the license/registration certificate is issued to a corporation or partnership, all partners' names and SSN or EIN must be listed.

**4: Business Name or Individual Name or Partner Name:**

**5: Federal Taxpayer Identification Number**

Name:

EIN or SSN:

## Instructions: Federal Debt Collection Form

- **Please** read all instructions before completing the Federal Debt Collection form.
- **Contact** your USDA APHIS Animal Care office before mailing your application.
- **Corrections** and/or clarifications will delay the processing of your application.
- **All** blocks must be completed; if one does not apply please put "N/A".
- **Mail** in all original documents. We cannot accept applications that are copied, e-mailed, or faxed.
- **Complete** the application in Blue or Black ink.
- **Mail** in with the application and appropriate fees.

**Block 1:** Insert the State of the business address of the licensee/registrant.

**Block 2:** Insert the customer number.

**Block 3:** Insert the certificate number.

**Block 4 and 5:** Insert the name of the individual, business, partnership, corporation, or other i.e.  
John Smith; John Smith Kennels; JS Kennels; JS Kennels, Inc.

- (a) If an **Individual**; write the individual's Social Security Number.
- (b) If a **Partnership**; write either all partner's names and Social Security Numbers or the business name and Employee Identification Number.
- (c) A **Corporation** or **Other**; write the business name and Employee Identification Number.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete the information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED  
0579-0036

SEND COMPLETED FORM  
TO THIS ADDRESS:

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

**CREDIT CARD PAYMENT AUTHORIZATION**

RETURN COMPLETED FORM WITH YOUR LICENSE APPLICATION.  
THIS FORM WHEN COMPLETED CONTAINS SENSITIVE PERSONAL INFORMATION. SEE REVERSE SIDE FOR PRIVACY ACT STATEMENT.

**SECTION I - CARDHOLDER AND CUSTOMER INFORMATION**

1A. USDA CERTIFICATE NUMBER:	1C. USDA CUSTOMER NUMBER:
<b>2. CUSTOMER</b>	<b>3. CARDHOLDER (if different from customer)</b>
A. NAME (first, middle initial, last):	A. NAME (first, middle initial, last)
B. PERMANENT MAILING ADDRESS (no P.O. box):	B. PERMANENT MAILING ADDRESS (no P.O. box):
C. COUNTY:	C. COUNTY:
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	
D. TELEPHONE NUMBER (include area code):	D. TELEPHONE NUMBER (include area code):
E. EMAIL ADDRESS:	E. EMAIL ADDRESS:

**SECTION II - CREDIT CARD INFORMATION**

4. CREDIT CARD TYPE (select one): <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	A. CREDIT CARD ACCOUNT NUMBER:	B. CARD VERIFICATION CODE:	C. CARD EXPIRATION DATE:
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**SECTION III - AUTHORIZATION**

I authorize the United States Department of Agriculture Animal and Plant Health Inspection Service (USDA APHIS) to charge \$ \_\_\_\_\_ to my account.

5A. CARDHOLDER SIGNATURE:	5B. DATE:
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**FOR USDA USE ONLY**

6. ACTION (select one): <input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED	A. DATE:	B. BY:	C. AUTHORIZATION CODE:
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7. REASON IF NOT ACCEPTED:



# Animal Care Order Form

FY2021

This form provides licensees and registrants a way to order forms and publications from USDA's Animal Care program either electronically or by mail. All forms and publications are available free of charge to assist our customers in meeting regulatory requirements. Form and publications can also be found on our website at [USDA APHIS | Publications, Forms and Guidance Documents](#).

### Customer Information

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
USDA Certificate or Customer Number, if applicable: \_\_\_\_\_

Distribution Preference (select one):    Electronic        Mail

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Animal Care Forms:

<b>Form #</b>	<b>Name of Form</b>	<b># Requested</b>
7002	Program of Vet Care- Other than Dogs and Cats	_____
7002A	Program of Vet Care- For Dogs and Cats	_____
7005	Record of Dogs & Cats on Hand	_____
7006	Record of Disposition of Dogs and Cats	_____
7006A	Continuation Sheet of Disposition of Dogs and Cats	_____
7019	Record of Animals on Hand- Other than Dogs and Cats	_____
7020	Record of Disposition of Animals- Other than Dogs and Cats	_____
7020A	Continuation Sheet of Record of Disposition of Animals	_____
7013	Exercise Plan for Dogs	_____
7010	Itinerary of Exhibition for Overnight Travel	_____
-	Animal Welfare Act and Regulations (Blue Book)	_____
-	Live Animal Stickers for Pet Transportation	_____

### Animal Care Publications:

<b>Publication Name</b>	<b># Requested</b>
Animal Welfare Act Factsheet	_____
1979 Marine Mammal Final Rule	_____
Animal Care Creates New Process for Appeal Animal Welfare Act Inspection Reports	_____
Daily Observation of Regulated Animals	_____
Upholding the Animal Welfare Act	_____
Questions and Answers: Dog Activities Requiring a USDA License/Registration	_____
Using Cage Cards to Identify Puppies and Kitties	_____
Temperature and Humidity in Dog Kennels	_____
Minimum Space Requirements for Dogs	_____
Options for Identification of Dogs & Cats	_____
Submission of Itineraries Factsheet	_____