

**New Jersey Department of Health
Infectious and Zoonotic Diseases Program
P. O. Box 369
Trenton, NJ 08625-0369**

**CERTIFICATION OF VETERINARY SUPERVISION
OF THE DISEASE CONTROL AND HEALTH CARE PROGRAM
AT A LICENSED ANIMAL FACILITY**

N.J.A.C. 8:23A-1.9(a) requires that this form be updated yearly and posted at the facility in an area clearly visible to the public.

LICENSED ANIMAL FACILITY INFORMATION	
Name of Licensed Animal Facility	License Number
Street Address	
City, State, Zip Code	

CERTIFICATION BY SUPERVISING VETERINARIAN	
This is to certify that I have established and am maintaining a disease control and health care program at the above licensed animal facility, as specified in N.J.A.C. 8:23A-1.9(a).	
Name of Veterinarian (<i>Print</i>)	License Number
Street Address	
City, State, Zip Code	
Telephone Number (<i>During Business Hours</i>)	Telephone Number (<i>After-Hours Emergencies</i>)
Signature	Date

- THIS FORM TO BE RETAINED AT FACILITY -