

**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.*

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

<b>CERTIFICATION BY SUPERVISING VETERINARIAN</b>	
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 -**