



Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
Visayas Ave., Diliman, Quezon City
GaBAI sa Pag-unlad ng Paghahayupan

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MEMORANDUM CIRCULAR

NO. 18
Series of 2022

SUBJECT : ADOPTION OF THE NEW ISO-9001: 2015 ENROLLED ANIMAL FACILITY REGISTRATION APPLICATION FORM AND ANIMAL INSPECTION CHECKLISTS

The Bureau of Animal Industry hereby advise all Department of Agriculture Regional Animal Welfare Coordinators and Officers (RAWCs/ RAWOs) to adopt and use the new ISO-9001:2015 enrolled Animal Facility Registration Application Form (RF AHWD-04) and Animal Facility Inspection Checklists in conducting facility inspection as required by the Republic Act 8485 *The Animal Welfare Act of 1998* as amended by R.A. 10631 and its Revised Implementing Rules and Regulations and related Department of Agriculture Administrative Issuances.

For more information or further clarification, please contact:
Dr. Marie Shella Ordinario – Animal Welfare Unit Section Head at 8528-2240 loc 1506 or mobile number 0928 524 1866.

For strict compliance.

Done this 1st day of June 2022.


REILDRIN G. MORALES, DVM, MVPH Mgt.
Officer-in-Charge, Director





Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
Diliman, Quezon City

Latest Passport
size ID Picture
of Authorized
Representative

APPLICATION FOR LICENSE TO OPERATE

(Republic Act No. 8485 otherwise known as the Animal Welfare Act of 1998 as amended by RA 10631)

Date (DD/MM/YYYY) _____

Type of Application: New Application Renewal Application

Name of Owner/ Manager/Veterinarian: _____
Last Name First Name M.I.

Office Address: _____

Contact No/s: _____ Email Address: _____

TYPE OF ANIMAL FACILITY

A. LIVESTOCK

LIVESTOCK FACILITY

- Swine Facility
- Small Ruminant Facility
- Cattle Facility
- Buffalo Facility
- Rabbit Facility
- Stock Farm
- Stockyard
- Other Livestock Facility _____

POULTRY FACILITY

- Poultry – Broiler
- Poultry – Layer
- Poultry – Breeder
- Poultry – Hatchery
- Duck Facility
- Quail Facility
- Other Poultry Facility _____

Crocodile Facility

Ostrich Facility

Apiary Facility

B. NON-LIVESTOCK

COMPANION AND PET ANIMAL FACILITY

- Kennel
- Cattery
- Pet Shop
- Pet Birds-Aviary
- Small Pet Animal Facility
- Grooming
- Animal Boarding and Recreation
- Other Companion and Pet Facility _____

VETERINARY FACILITY

- Veterinary Clinic – Non-Surgical
- Veterinary Clinic - Surgical
- Veterinary Hospital
- Mobile Veterinary Facility
- Other Veterinary Facility _____

LABORATORY ANIMAL FACILITIES

- Laboratory Animal Facility
- Laboratory Animal Production
- Other Laboratory Facility _____

ANIMAL CONTROL FACILITY

- Animal Pound
- Animal Shelter
- Other Animal Control Facility _____

SPORTS, LEISURE AND GAMING ANIMAL FACILITY

- Gamefowl
- Pigeon Racing Facility
- Horse Facility
- Other Sports, Leisure and Gaming Animal Facility _____

WORKING AND SERVICE ANIMAL FACILITY

- Working Canine Facility
- People with Disability(PWD) Service Dog Provider
- Other Working and Service Animal Facility _____

CAPTIVE WILDLIFE FACILITY

- Zoo and Aquarium
- Wildlife Rescue Facility
- Wildlife Conservation and Breeding Facility
- Wildlife Hobbyist
- Primate Facility
- Other Captive Wildlife Facility _____

LIVE ANIMAL MARKET FACILITY

- Public Market (Live Animal) Facility
- Livestock Auction Market
- Other Live Animal Selling/ Trading Facility _____

ANIMAL TRANSPORT FACILITY (Non-Livestock Animal)

- Live Animal - Land Transport Carrier
- Live Animal - Water Transport Carrier
- Live Animal - Air Transport Carrier

Business/Trade Name: _____

Type of Business Organization [] Sole Proprietorship [] Partnership [] Corporation [] Others (Please specify) _____

Facility Address: _____

Contact No/s: _____ Email Address: _____ TIN: _____

Vehicle/Vessel/Carrier Information (FOR ANIMAL TRANSPORT FACILITY APPLICATION ONLY)

OR/CR: _____ MV Registration No.: _____ Carrier Registration No.: _____

Validity of Registration: _____ Make and Model: _____

(DD/MM/YYYY)

Name of Veterinarian: _____ Last Name First Name M.I.

Contact No/s: _____ Email Address: _____ PTR No. (For Non-Government Veterinarian) _____

PRC License: _____ Issued at: _____ Date Issued: _____ Valid Until: _____
(DD/MM/YYYY) (DD/MM/YYYY)

Animal Welfare Seminar Date Venue Organizer

INSTRUCTIONS

I. DOCUMENTARY REQUIREMENTS

- DTI Business registration/SEC/ CDA registration
- ID picture of Owner/Authorized Representative
- Photocopy of valid PRC and PTR and of the Veterinarian
- Notarized employment contract/MOA of the veterinarian
- Location Map and Facility Lay-out
- Environment Clearance Certificate (ECC)/Certificate of Non-Coverage (CNC) from the DENR - EMB
- Certificate of Attendance from Animal Welfare Seminar Conducted by BAI/DA-RFOs
- S2 license of Veterinarian (for Veterinary Facility, Shelter, Pound and Laboratory Animal Facility)
- Animal Care and Use Program (ACUP) and Institutional Animal Care and Use Committee (IACUC) (for Laboratory Animal Facility)
- DENR-Biodiversity Management Bureau Certificate of Wildlife Registration (CWR)/ Wildlife Farm Permit (WFP) (for Captive Wildlife Facility)
- Mayor's Permit (for renewal application only)

II. SCHEDULE OF FEES

ESTABLISHMENT	INITIAL (1 year)	RENEWAL (3 years)
Animal Boarding and Recreation Facility	300.00	900.00
Animal Show (Television)	1,000.00	3,000.00
Animal Show (Movie/Film)	5,000.00	15,000.00
Aviary	500.00	1,500.00
Canine Facility/Canine Security	300.00	900.00
Cattery/Kennel/Laboratory Animal Facilities/Pet Shops	500.00	1,500.00
Circus/Carnival/Animal Show	1,000.00	3,000.00
Crocodile Farm	1,000.00	3,000.00
Grooming Facility	300.00	900.00
Hog/Poultry/Cattle/Goat Farm	1,000.00	3,000.00
Monkey Farm	1,000.00	3,000.00
Ostrich Farm	300.00	900.00
Pounds/Shelters	200.00	600.00
Racetrack/Equestrian Establishment	500.00	1,500.00
Slaughterhouse/Poultry Dressing Plant	500.00	1,500.00
Small Animal Show	500.00	1,500.00
Stock Farm/Coral/Stockyard/Stud Farm	500.00	1,500.00
Veterinary Hospital/Veterinary Clinic	300.00	900.00
Wildlife Rescue Center	300.00	900.00
Zoo	1,000.00	3,000.00
Other related animal facilities	300.00	900.00
Animal Show Organizer	100.00	300.00

SURCHARGE: Upon renewal, a surcharge of 50% of the amount due shall be levied on every expired registration certificate.

III. DISPLAY OF CERTIFICATE OF REGISTRATION

Pursuant to the provisions of RA 3639 an Act creating the Bureau of Animal Industry, EO No. 292 Series of 1987 Administrative Code of 1987, EO No. 338 Series 2001 Agriculture and Fisheries Modernization Act, RA 8485 otherwise known as Animal Welfare Act of 1998, as amended by RA10631 and RA 10611 Food Safety Act, the CERTIFICATE OF REGISTRATION also termed as License to Operate as an Animal Facility, shall be issued by the Bureau of Animal Industry upon proof that the facility is compliant with the aforementioned laws, rules and regulations.

The CERTIFICATE OF REGISTRATION shall be displayed in a conspicuously place where the business is carried on and shall be produced for official inspection on demand.

I understand that in compliance with the Data Privacy Act (R.A. No. 10173), BAI-AHWD shall keep my information private and confidential and will retain my information solely for the fulfillment of the aforementioned purposes.

Authorized Representative
(Printed Name and Signature)



CAPTIVE ANIMAL FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Type of Animal Facility:
 Zoo and Aquarium Primate Facility
 Wildlife Rescue Facility Other Captive Wildlife Facility _____
 Wildlife Conservation and Breeding Facility
 Wildlife Hobbyist

C. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

D. Address of Facility: _____

E. GPS Coordinates: Longitude _____ Latitude _____

F. Status of Facility: Owned Rented/Leased

G. Owner/Authorized Representative: _____

Contact Information: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
 Contact Information: _____ Validity: _____

II. ANIMALS INVENTORY (Animals currently in the facility)

SPECIES/BREEDS	NUMBER OF ANIMALS	REMARKS

Note: Attached Latest Quarterly Breeding Record from BMB - DENR

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS



ANIMAL TRANSPORT FACILITY - WATER TRANSPORT CARRIER

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Company: _____ TIN _____

B. Name of Vessel: _____

C. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

D. Business/ Office Address: _____

E. Route of vessel: _____

F. Status of ownership: Owned Rented/Leased

G. Owner/Authorized Representative: _____
Contact Information: _____

H. DTI/SEC/CDA Registration No.: _____ Date of Registration: _____

I. Veterinarian/Consultant: _____ PRC License No.: _____
Contact No: _____ Validity: _____

J. Ship Master/ Captain/ Office in-charge: _____

II. ANIMALS ON BOARD (Animals currently on board)

SPECIES	NUMBER/CAPACITY	REMARKS

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER	REMARKS

IV. GENERAL SPECIFICATIONS FOR ANIMAL FACILITY



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Visayas Avenue, Diliman, Quezon City

AVIARY (Love birds, Parakeet, Finches, etc.)

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Animals currently in the facility)

SPECIES	NUMBER OF BIRDS	REMARKS

Note: Attached Latest Quarterly Breeding Record from BMB - DENR

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS

Note: Quarterly Breeding Record from BMB - DENR



Republic of the Philippines
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BUREAU OF ANIMAL INDUSTRY
Visayas Avenue, Diliman, Quezon City

CATTERY FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased Mobile

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Current Animal Inventory)

BREEDS	NUMBER	IDENTIFICATION (M.T.C)	REMARKS

III. PERSONNEL (Personnel currently employed)

PERSONNEL	NUMBER	REMARKS

IV. GENERAL SPECIFICATIONS FOR ANIMAL FACILITY



EQUINE FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

- A. Name of Animal Facility: _____ TIN _____
- B. Type of production: Horse breeder Fancy equine
 Race horse Sports horse
 Draft horse Others, pls. specify _____
- C. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____
- D. Address of Facility: _____
- E. GPS Coordinates: Longitude _____ Latitude _____
- F. Status of Facility: Owned Rented/Leased
- G. Owner/Authorized Representative: _____
- Contact Information: _____
- H. DTI/SEC /CDA Registration No.: _____ Date of Registration: _____
- I. Veterinarian/Consultant: _____ PRC License No.: _____
 Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Breeder Stock Population to date: _____)

AGE GROUPS/CATEGORIES	NUMBER OF ANIMALS	REMARKS
Total		

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS
Total		



RABBIT FARM FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC / CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
Validity: _____

Contact Information: _____

II. ANIMAL INVENTORY (Breeder Stock Population to date: _____)

AGE GROUPS/CATEGORIES	NUMBER OF ANIMALS	REMARKS

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS
Total		



GROOMING FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased Mobile

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMALS FOR GROOMING (Animals currently scheduled for grooming)

SPECIES	NUMBER/CAPACITY	REMARKS

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS



POULTRY HATCHERY FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Hatchery Classification: Internal Hatchery Toll Hatchery

C. Species: Duck Chicken Other species _____

D. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

E. Address of Facility: _____

F. GPS Coordinates: Longitude _____ Latitude _____

G. Status of Facility: Owned Rented/Leased

H. Owner/Authorized Representative: _____

Contact Information: _____

I. DTI/SEC/ CDA Registration No. : _____ Date of Registration: _____

J. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. HATCHERS AND SETTERS

	NUMBER OF UNIT	TYPE	CAPACITY
HATCHERS			
SETTERS			

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS



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Visayas Avenue, Diliman, Quezon City

PET SHOP

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____

Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Inventory as of _____)

SPECIES/CATEGORIES OF ANIMALS	NUMBER/ CAPACITY	REMARKS

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS



VETERINARY CLINICS AND HOSPITALS

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Type of Facility: Surgical Non-surgical Hospital Mobile

C. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

D. Address of Facility: _____

E. GPS Coordinates Longitude _____ Latitude _____

F. Status of Facility: Owned Rented/Leased

G. Owner/Authorized Representative: _____

Contact Information: _____

H. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

I. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. PATIENTS

SPECIES	NUMBER/CAPACITY	REMARKS

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS



POULTRY FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Type of Production:

<input type="checkbox"/> Broiler	<input type="checkbox"/> Quail
<input type="checkbox"/> Layer	<input type="checkbox"/> Duck
<input type="checkbox"/> Broiler Breeder	Others, pls. specify _____
<input type="checkbox"/> Layer Breeder	Others, pls. specify _____

C. Business Organization:

<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Government
<input type="checkbox"/> Cooperative	Others, pls. specify _____

D. Address of Facility: _____

E. GPS Coordinates: Longitude _____ Latitude _____

F. Status of Facility: Owned Rented/Leased

G. Owner/Authorized Representative: _____

Contact Information: _____

H. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

I. Veterinarian/Consultant: _____ PRC License No.: _____
 Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Stock Population to date: _____)

For commercial/backyard layer farms (poultry, quails and ducks):

House No.	Beginning Inventory		Current Age (weeks)	Current Population		Total Egg Production/day
	Female	Male		Female	Male	



SWINE FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased

F. Owner/Authorized Representative: _____
Contact Information: _____

G. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Breeder Stock Population to date: _____)

AGE GROUPS/CATEGORIES	NUMBER OF ANIMALS	REMARKS
Total		

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS
Total		



Republic of the Philippines
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Visayas Avenue, Diliman, Quezon City

KENNEL FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____

Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Current Animal Inventory)

BREEDS	NUMBER	IDENTIFICATION (M.T.C)	REMARKS

III. PERSONNEL (Personnel currently employed)

PERSONNEL	NUMBER	REMARKS



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ANIMAL POUND

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMALS ON BOARD (Animals currently on board)

SPECIES/BREED	NUMBER	REMARKS

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS



Republic of the Philippines
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BUREAU OF ANIMAL INDUSTRY
Visayas Avenue, Diliman, Quezon City

ANIMAL SHELTER

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC/ CDA Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMALS ON BOARD (Animals currently on board)

SPECIES/BREED	NUMBER	REMARKS

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS



LARGE RUMINANT FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Type of production: Beef Cattle Buffalo for meat
 Dairy Cattle Buffalo for draft
 Dairy Buffalo Others, pls. specify _____

C. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

D. Address of Facility: _____

E. GPS Coordinates: Longitude _____ Latitude _____

F. Status of Facility: Owned Rented/Leased

G. Owner/Authorized Representative: _____

Contact Information: _____

H. DTI/SEC /CDA Registration No.: _____ Date of Registration: _____

I. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Breeder Stock Population to date: _____)

AGE GROUPS/CATEGORIES	NUMBER OF ANIMALS	REMARKS
Total		

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS
Total		



LABORATORY ANIMAL/EXPERIMENTAL ANIMAL BREEDING FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Type of animals: Rat Mouse
 Rabbit Others, pls. specify _____

C. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

D. Address of Facility: _____

E. GPS Coordinates: Longitude _____ Latitude _____

F. Status of Facility: Owned Rented/Leased

G. Owner/Authorized Representative: _____

Contact Information: _____

H. DTI/SEC / CDA Registration No.: _____ Date of Registration: _____

I. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Inventory as of _____)

SPECIES/CATEGORIES OF ANIMALS	BREED	NUMBER

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS



BOARDING FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

C. Address of Facility: _____

D. GPS Coordinates: Longitude _____ Latitude _____

E. Status of Facility: Owned Rented/Leased

F. Owner/Authorized Representative: _____

Contact Information: _____

G. DTI/SEC Registration No.: _____ Date of Registration: _____

H. Veterinarian/Consultant: _____ PRC License No.: _____
Contact Information: _____ Validity: _____

II. ANIMALS ON BOARD (Animals currently on board)

SPECIES	NUMBER/CAPACITY	REMARKS

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER	REMARKS



SMALL RUMINANT FARM FACILITY

Date Inspected: _____ Time Started: _____ Time Ended: _____

I. GENERAL INFORMATION

A. Name of Animal Facility: _____ TIN _____

B. Type of production: Goat-Breeder Sheep-Breeder
 Goat-Dairy Sheep-Dairy
 Others, pls. specify _____

C. Business Organization: Single Proprietorship Partnership
 Corporation Government
 Cooperative Others, pls. specify _____

D. Address of Facility: _____

E. GPS Coordinates: Longitude _____ Latitude _____

F. Status of Facility: Owned Rented/Leased

G. Owner/Authorized Representative: _____

Contact Information: _____

H. DTI/SEC /CDA Registration No.: _____ Date of Registration: _____

I. Veterinarian/Consultant: _____ PRC License No.: _____
 Contact Information: _____ Validity: _____

II. ANIMAL INVENTORY (Breeder Stock Population to date: _____)

AGE GROUPS/CATEGORIES/BREEDS	NUMBER OF ANIMALS	REMARKS
Total		

III. PERSONNEL (Currently employed)

PERSONNEL	NUMBER OF PERSON/S	REMARKS
Total		