MISSOURI DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL HEALTH

ANIMAL CARE PROGRAM INQUIRY

P.O. BOX 630
JEFFERSON CITY, MO 65102-0630
(573) 751-3076
FAX (573) 526-2059

INSTRUCTIONS

1. Provide the full name and address of the person/business against whom you are filing this inquiry.
2. Type or print. Attach copies of documents (bills, correspondence, pictures, etc.) that would substantiate your inquiry.
3. Please state your inquiry briefly and clearly, noting specific violations of the law.
4. Provide full names and addresses of any other persons/witnesses who can verify the facts alleged.
5. Sign and return this form to the address listed above.

YOUR NAME	TELEPHONE NUMBER ( )
ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)	

SUBJECT OF INQUIRY

NAME	TELEPHONE NUMBER ( )
ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)	

DETAILS OF INQUIRY (Attach additional sheets if necessary)

WITNESSES

NAME	TELEPHONE NUMBER ( )
ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)	
NAME	TELEPHONE NUMBER ( )
ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)	

I hereby affirm under penalties of perjury that the foregoing information which I have supplied is true and accurate to the best of my knowledge, information and belief.

SIGNATURE	DATE

FOR OFFICE USE ONLY

DATE RECEIVED	REVIEWED BY	CASE NUMBER	ACFA LICENSE NUMBER

ACTION