

Breadcrumb

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File an Animal Welfare Complaint

Last Modified:

To report a concern about an animal covered under the Animal Welfare Act or the Horse Protection Act, please complete the form below.

| | |
|--|-------------------------|
| Details of complaint | |
| Complaint | |
| In the box below, please give a detailed description of your concern. The types of information that would be helpful to us include: the date of the incident; the type(s) of animal(s) present; the behavior of the animal(s); the condition of the animal(s); the condition of the facility; the actions of the person with the animals; the location of the incident; etc. | |
| <div></div> | |
| Name of USDA licensee/registrant (if known) | |
| <div></div> | |
| USDA license/registration number (if known) | |
| <div></div> | |
| City/Town | |
| <div></div> | |
| State/Province | <div>- Select - ▼</div> |

You can choose to remain anonymous; however, providing your contact information will provide APHIS' Animal Care staff a way to contact you if we need additional information. Animal Welfare records are located in a Privacy Act System of Records which requires APHIS to provide the licensee access to his or her own records.

Please be aware that if you choose to provide your contact information, the licensee will have access to your complaint and your identity if a Privacy Act request is submitted by the licensee.

| | |
|--|------------|
| Can we contact you if we need additional information? | |
| <input type="radio"/> Yes | |
| <input type="radio"/> No, I would like to remain anonymous | |
| Contact Information | |
| Nombre | |
| Company | |
| Correo electrónico | |
| Teléfono | |
| Address | |
| Apt/Suite | |
| City/Town | |
| State/Province | - None - ▼ |
| ZIP/Postal Code | |

Thank you for your interest in the welfare of animals that are covered by the Animal Welfare Act and the Horse Protection Act. We will look into your concerns as soon as possible. If you would like to know the outcome of your complaint, please make a Freedom of Information Act (FOIA) request.

Information message

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 0579-0377. The time required to complete this information collection is estimated to average .5 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

0579-0377

EXP. DATE

8/2015

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