

Affirmation of Correction: Pet Shop

Please note that translated versions of this document are available online for your reference.

To cure violations, please fill out forms in English.

Violation Information	
Summons Number:	Provision of Law:
Violation Code:	
Inspection Date:	Record Number:
Statement and Signature of Person Certifying Correct	ion of Violation
I,, affire	m that I am the: (check one, below)
(Must be the name of an individual; do not list a business entity)	, ,
Respondent named on the violation (if the res	pondent is an individual)
Officer, Director, Partner of the named respon	dent (if the named respondent is a business entity)
Agent of the respondent (attach a notarized at respondent)	uthorization letter or Certificate of Authority from the
My mailing address and contact information is:	
(House Number, Street Address)	(Telephone)
(City, State, ZIP Code)	(Email)
I have personal knowledge that the violating condition of correction that describes the steps taken to correct	has been corrected and have attached documentary proothe violating condition.
(Name of Licensed Professional)	(License or Registration Number)
(Signature)	(Date)

Submission of any false statements may be subject to penalties prescribed for violations of Health Code §3.19 and other applicable law.

To submit this form: Complete it in English. Bring it to the Office of Veterinary Public Health Service at 22 Cortlandt Street, 34th Floor, New York, NY 10007, or email it to veterinaryhealth@health.nyc.gov with "Proof of Cure — Summons/[Docket Number]" in the subject line. Submission may include date- and time-stamped photographs labeled with the location and the summons number. Photographs of **Before** and **After** must be labeled as such. When submitting this form, remember to include all supporting documents. For interpretation or translation assistance to help understand violation codes or fill out the appropriate forms, please call 646-364-1783.