



Date:12/08/2020 16:55:08

Created Date
2011-02-25 12:27:07.0

Registration Expiration Date
2022-12-31

Last Updated
2020-12-08

Registration Status
VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?
 Yes No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **10218415600** Pin No **C0BD9d5x**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

Custom Veterinary Services

Facility Name Suffix

Incorporated

Facility Street Address, Line 1

6955 Nw 36th Ave

Facility Street Address, Line 2

City

Miami

State/Province/Territory

Florida

Zip Code (Postal Code)

33147

Country/Area

UNITED STATES

Telephone Number

001 305 2551910

Fax Number

001 786 5132744

E-Mail Address

rubenmartinez@customvetservices.com

Unique Facility Identifier (UFI)

619511483



Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name	Telephone Number
Custom Veterinary Services	001 305 2551910
Address, Line 1	Fax Number
6955 Nw 36th Ave	001 786 5132744
Address, Line 2	E-Mail Address
	rubenmartinez@customvetservices.com
City	
Miami	
State/Province/Territory	
Florida	
Zip Code (Postal Code)	
33147	
Country/Area	
UNITED STATES	

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as Preferred Mailing Address (Section 3)
- None of the above

Company Name	Telephone Number
Custom Veterinary Services	001 305 2551910
Company Name Suffix	Fax Number
Incorporated	001 786 5132744
Address, Line 1	E-Mail Address
6955 Nw 36th Ave	rubenmartinez@customvetservices.com
Address, Line 2	
City	
Miami	
State/Province/Territory	
Florida	
Zip Code (Postal Code)	
33147	
Country/Area	
UNITED STATES	

Section 5: Facility Emergency Contact Information



If information is the same as another section, check which section:

Same as Facility Address (Section 2)

None of the above

Individual's Title (Optional)

Other

Individual's Title Other

President

Individual's Name (Optional)

Ruben

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Martinez

Emergency Contact Phone

001 305 2551910

E-Mail Address

rubenmartinez@customvetservices.com

Job Title (Optional)

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

Yes

No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

-N/A-

Middle Name (Optional)

-N/A-

Last Name (Optional)

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Emergency Contact Phone

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-



Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
31. PET TREATS OR PET CHEWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Ruben Martinez

Address, Line 1

6955 Nw 36th Ave

Telephone Number

001 305 2551910

Address, Line 2

Fax Number

001 786 5132744



City **Miami** E-Mail Address **rubenmartinez@customvetservices.com**

State/Province/Territory **Florida**

Zip Code (Postal Code) **33147**

Country/Area **UNITED STATES**

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: Ruben Martinez

CHECK ONE BOX

- A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	