

FDA | U.S. Food and Drug Administration Food Facility Registration

Date: 04/26/2017 10:00:51

Please review the registration.

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

Created by
cus53115

Registration Expiration Date
2018-12-31

Registration Renewed Date
2016-10-04

Last Updated
2016-10-04

Last Modified by
cus53115

Last Modified by Company
Custom Veterinary Services

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

FACILITY 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

Telephone Number
001 305 2551910

Facility Name Suffix
Incorporated

Fax Number
001 786 5132744

Facility Street Address, Line 1
6955 NW 36th Ave

E-Mail Address
customvetsvcs@bellsouth.net

Facility Street Address, Line 2

City
Miami

State/Province/Territory
Florida

Zip/Postal Code
33147-6505

Country/Area
UNITED STATES

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

Custom Veterinary Services

Telephone Number

001 305 2551910

Address, Line 1

6955 NW 36th Ave

Fax Number

001 786 5132744

Address, Line 2

E-Mail Address

customvetsvcs@bellsouth.net

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

Custom Veterinary Services

Telephone Number

001 305 2551910

Company Name Suffix

Incorporated

Fax Number

001 786 5132744

Address, Line 1

6955 NW 36th Ave

E-Mail Address

customvetsvcs@bellsouth.net

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

Emergency Contact Phone

001 305 2551910

Individual's Title Other

President

E-mail Address

customvetsvcs@bellsouth.net

Individual's Name *(Optional)*

Ruben Martinez

Job Title *(Optional)*

Individual's Middle Name *(Optional)*

Individual's Last Name *(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-

Emergency Contact Phone

-N/A-

Middle Name *(Optional)*

-N/A-

Fax Number

-N/A-

Last Name *(Optional)*

-N/A-

E-Mail Address

-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-

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)
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31. PET TREATS OR PET CHEWS

32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)

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
customvetsvcs@bellsouth.net

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 FORM: John Wilbur

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

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-