05-2016) SUSAN PERIOD	U.S. NUCLEAR REGULATORY COMMISSION
ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE	
`* _{*9*} * [*]	
Name and Address of Applicant and/or Licensee	Date
	05/29/2019
	License Number(s)
Haven Lake Animal Hospital Attn: Chris Coon, D.V.M. 300 Milford-Harrington Highway Milford, DE 19963	07-31361-01
	Mail Control Number(s)
	612297
	Licensing and/or Technical Reviewer or Branch
	Medical Branch
This is to acknowledge receipt of your: 🖌 Letter a	nd/or Application Dated: 05/16/2019
The initial processing, which included an administrativ	e review, has been performed.
Amendment Termination	New License 🖌 Renewal
✓ There were no administrative omissions identified	during our initial review.
✓ This is to acknowledge receipt of your application above. Your application is deemed timely filed, a action has been taken by this office.	n for renewal of the material(s) license identified nd accordingly, the license will not expire until final
Your application for a new NRC license did not in complete and submit NRC Form 531, Request for following link: <u>http://www.nrc.gov/reading-rm/d</u>	• •
Follow the instructions on the form for submission	n.
The following administrative omissions have been	n identified: