INSPECTOR: Mark “X” in box, if adequate. Circle item number, if inadequate. Use NA if not applicable.

STRUCTURE
- 1. Structure & Repair
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

Primary Enclosures
- 7. Structure & Repair
- 8. Space
- 10. Adequate Shelter

SANITATION
- 11. Waste Disposal
- 12. Odor
- 13. Ceiling, Wall, Floors
- 14. Primary Enclosures
- 15. Equipment & Supplies
- 16. Washrooms, Sinks, Basins
- 17. Insect/Vermin Control
- 18. Building & Grounds

HUSBANDRY
- 19. Adequate Feed/Water
- 20. Food Storage
- 21. Personnel
- 22. Animals’ Appearance

SPECIAL ITEMS
- 23. Description of Animals
- 24. Records/Vet Treatment
- 25. Origin-Disposition
- 26. Signature (boarding kennel)

Transportation
- 27. Care in Transit Discussed

VETERINARY CARE
- 28. Isolation Facility
- 29. No Signs of Illness/Treated

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
---|---|---

Approved | Disapproved
Date: 10/27/96 | Time: 2:15p

Veterinarian: Dr. Lawrence Criskey

Inspector: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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White = Office
Canary = Inspector
Pink = Owner