ANIMAL WELFARE INSPECTION

GPS Coordinates - N:  
W:  
QBSP Number -  

BUSINESS NAME:  
OWNER:  
LICENSE #:  

TELEPHONE:  
COUNTY  
TYPE FACILITY:  Animal Shelter  
Number of Primary Enclosures  
Animals Present:  Dogs  Cats  

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

STRUCTURE
Housing Facilities
1. Structure & Repair  
2. Ventilation & Temp.  
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
Records  
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  

Good job on trying to keep cage clean, a little stuffy would be extra fact to circle.  All records are in order and up to date.  Great job.

APPROVED  □ DISAPPROVED  
Date: 7/16/07  Time: 11:00 AM

Veterinarian:  Reseda Vet Hospital  
Telephone: (311) 347-3194  

Inspector’s Signature  

AWS-2  
Rev. 2/05  
White= Office  
Canary= Inspector  
Pink= Owner  

Owner/Authorized Agent’s Signature  

Carolee Sanders