

Municipal Kennel  
INSPECTION REPORT      RATING

\_\_\_\_\_ Inspection  
 \_\_\_\_\_ Reinspection      Date \_\_\_\_\_ Satisfactory  
 \_\_\_\_\_ Complaint      Time \_\_\_\_\_ Unsatisfactory: C-critical; G- general  
 Business Name \_\_\_\_\_ Owner/Manager \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dogs housed: \_\_\_\_\_ Kennel building \_\_\_\_\_ Inside House \_\_\_\_\_ Outdoor pens/doghouses \_\_\_\_\_  
 Agriculture Rules and Regulations

	S	U	C	G		S	U	C	G		S	U	C	G
<b>Section I</b>					<b>F. Sanitation</b>					<b>Section II A, B, C Housing/Exercise</b>				
<b>B. Licenses</b>														
1. Renewal/Status					1. Waste facilities Cleaned					1. Structurally sound				
2. Posted					2. Cleaning/disinfecting					2. Cages over others				
<b>C. Records</b>					3. Animal removed					3. Litters in quiet area				
1. Official CVI's					<b>G. Food</b>					4. Pups <2weeks warm				
2. Received From					1. Stored properly					5. Removed 2x/24hour				
3. Person Receiving					2. Fed 2x/ day					6. Separate exercise area				
4. Vacc/ Med. Treat.					3. Lactating females					7. Cages – dry place				
5. Mortality Records					4. Pups/kittens fed 3x /day					8. Easy access for cleaning, care				
6. Vet Services					5. Clean water									
7. Euthanasia Records					6. Weekends/holidays					<b>Section II D Outside facilities</b>				
<b>D. Primary Structure</b>					<b>H. Disease Control</b>					1. Doghouses				
1. Structurally Sound					1. Sick separated					2. Entrance to doghouse				
2. Water, heat & Electric					2. Program					3. Chain / Collar				
<b>E. Temperature Control</b>					<b>I. Noise</b>					4,6. Chain length				
1. Inside Min. Temp.					1. Minimized					5. Multiple animals				
2. Outside Shade					<b>J. Ventilation</b>									
					1. Odors not detectable									
					<b>K. Lighting</b>									
					1. Min. 8hours/day									
					<b>L. Special Instructions</b>									
					1. Provide instructions									
					<b>M. Health at Time of Release</b>									
					1. Unfit for sale									
					<b>N. Unlawful Sale</b>									
					1. Completed 7 <sup>th</sup> week									

**Summary & Explanation of Violation(s)**

Violation	Critical	General	Correction Needed

\_\_\_\_\_  
(Animal Control Officer)

\_\_\_\_\_  
(Owner/Manager)

\_\_\_\_\_  
(Date)