

Animal Welfare Inspection Form

PREMISES	Yes	No	N/A
14. Drainage	<input type="checkbox"/>	i	i
15. Odor	<input type="checkbox"/>	i	i
16. Sanitation	<input type="checkbox"/>	i	i
SANITATION	Yes	No	N/A
17. Washrooms, Basins, Sinks	<input type="checkbox"/>	i	i
18. Supplies & Materials	<input type="checkbox"/>	i	i
19. Cleaned & Sanitized	<input type="checkbox"/>	i	i
CARE & HUSBANDRY	Yes	No	N/A
20. Adequate Feed	<input type="checkbox"/>	i	i
21. Adequate Water	<input type="checkbox"/>	i	i
22. Exercise	<input type="checkbox"/>	i	i
23. Vermin Control	<input type="checkbox"/>	i	i
24. Personnel	<input type="checkbox"/>	i	i
VETERINARY CARE	Yes	No	N/A
25. Isolation Facilities	<input type="checkbox"/>	i	i
26. Preventative Programs	<input type="checkbox"/>	i	i
27. Symptoms & Illness	<input type="checkbox"/>	i	i
28. Therapy Provided	<input type="checkbox"/>	i	i
29. Apparently Healthy	<input type="checkbox"/>	i	i
TRANSPORTATION	Yes	No	N/A
30. Primary Enclosures	i	i	<input type="checkbox"/>
31. Vehicles	i	i	<input type="checkbox"/>
32. Care in Transit	i	i	<input type="checkbox"/>
RECORDS	Yes	No	N/A
33. Purchase, Sale, Transfer, Adoption	<input type="checkbox"/>	i	i
34. Boarding, Grooming Training	i	i	<input type="checkbox"/>
35. Euthanasia	i	i	<input type="checkbox"/>
Vet Inspection Form (Year)	<input type="checkbox"/>	i	i

Marie Pave

Livestock Inspector

Julie Walsh

Acknowledged Receipt: