

Animal Control Officer Kennel Inspection Report

ACO Name _____ Town of: _____

ACO Phone () _____ Inspection Date: _____

Kennel Type: Personal _____ Domestic Charitable _____ Veterinary _____ Current License # _____

Commercial Breeder _____ Commercial Boarding/Training _____ Current # of Dogs _____

Kennel Information

Kennel Name _____ Address _____ Phone _____

Owner Name _____ Address _____ Phone _____

Kennel Veterinarian _____ Phone _____

Veterinarian Address _____ Usual Doctor _____

Number of dogs over 6 months old on premises: _____ Maximum number of dogs allowed: _____

Notes _____

Licensing Status: New _____ Renewed _____ Expired _____ Unlicensed _____ Other _____

If license was not renewed, why not? _____

Housing & Conditions:

Housing arrangements: In home with family _____ In home, basement or other _____ Crated? Y N

In outbuilding on premises _____ In other housing _____ If other, describe and explain: _____

Kennel runs? Y N Trolley or tether? Y N Fully fenced area? Y N Compliant w/ M.G. L. Ch 140 Sec 174E? Y N

Notes: _____

Dogs are housed in a humane manner: Yes _____ No _____ Conditional _____

Kennel is adequately heated and cooled: Yes _____ No _____ Conditional _____

Kennel is maintained in a sanitary manner: Yes _____ No _____ Conditional _____

Kennel has adequate lighting: Yes _____ No _____ Conditional _____

Kennel has adequate ventilation: Yes _____ No _____ Conditional _____

Dogs are able to stand, lie down, and turn around freely: Yes _____ No _____ Conditional _____

Dogs have access to clean, fresh water: Yes _____ No _____ Conditional _____

Dogs have adequate exercise space: Yes _____ No _____ Conditional _____

Please explain any "No" or "Conditional" answers _____

Comments:

Approved _____ Not approved _____ Reinspect on or after _____ Report received by _____

Before license approval can be given, the following conditions must be corrected as discussed during this visit:

ACO Signature _____ Signature of recipient _____ Owner / Agent?