



CECIL COUNTY KENNEL INSPECTION REPORT

Type of Facility: Commercial Kennel Boarding Kennel Hobby Kennel
501c3 Non-Profit Canine Rescue Kennel Closure

Kennel Name: _____

Owner's Name: _____ **Phone No.** _____

Address: _____ **City:** _____ **Zip:** _____

Kennel License Number: _____
Type of Inspection: New Renewal Routine
Complaint Re-Inspection

Length of time animals are kept: _____ Houses impound animals: Yes No

Animals housed off-site: Yes No If yes, where? _____

Kennel capacity: _____ Animals on hand: _____

Kennel Manager: _____
Kennel Manager
Alternate Phone No: _____

Kennel Manager
E-mail: _____ Veterinarian: _____

A = Acceptable NI = Needs Improvement U = Unacceptable (Check off the desired box)

Any item marked Needs Improvement or No results in a mandatory re-inspection in ten (10) days at an additional cost as set forth in Appendix 1. Fines and Fees Schedule. Three failed inspections within a license or permit year shall result in a denial or revocation of the license or permit. Five (5) or more Unacceptable items result in a denial of a license for a period of one year.

Site:

Housing and Accommodation:

- 1. Is the site sufficiently isolated to prevent complaints from neighbors? A NI U
- 2. Does the kennel site provide adequate space for exercising the breed(s) housed? A NI U
- 3. Does the kennel site allow for satisfactory waste disposal? A NI U
- 4. Is a perimeter fence in place to prevent escapes from the property? A NI U

Construction:

- 5. Are the walls solidly constructed of impervious material and to a height (minimum height of five (5) feet) adequate for sanitary maintenance? A NI U
- 6. Are the doors, windows, frames and walls constructed and maintained in a good state of repair free of cracks, holes, and other damage as to minimize exposure to rodents, insects and pests and to prevent the escape of animals housed therein? A NI U
- 7. Is at least one door of sufficient size to allow for equipment to be removed for sanitation if removal is necessary? A NI U
- 8. Is the building adequately insulated to maintain temperatures at acceptable levels? A NI U
- 9. Are the effects of direct sunlight prevented? A NI U

10. Are the roofs and ceilings maintained in a good state of repair? A NI U
11. Are the floors constructed of hard durable material that is impervious to water and easily sanitized? A NI U
12. Do the floors slope and drain in such a manner that the runs, kennels and alleys remain relatively dry and prevent puddling? A NI U
13. Are the floors and walls built in such a manner that feces and urine are prevented from entering other pens or cages? A NI U

Ventilation, Lighting, Electrical:

14. Is the air fresh and free of drafts? A NI U
15. Is there adequate lighting in all kennel areas? A NI U
16. Is there provision to keep the humidity below 70%? A NI U
17. Is there provision to keep the air temperature reasonable for the types and breeds of dogs housed? A NI U
18. Is there a functioning heater? A NI U
19. Is there a functioning air circulation system? A NI U

Cages, Pens, Enclosures:

Indoor Housing:

20. Do the cages permit each animal to:
 - stand normally to its full height - turn around easily
 - lie down in full extended position - permit human interaction
 A NI U
21. Are the cages solidly constructed to prevent escapes or injuries? A NI U
22. Do all cages have solid floors?
 Housing with wire floors is an unacceptable method of containing dogs. Their feet are subjected to constant trauma from wire cuts, and calluses and bone deformities may develop from inadequate footing. As well, wire flooring results in a lack of definition between eating, drinking, sleeping, and elimination areas, and can result in the breakdown of the dog's natural instinct not to soil its "den". This can result in future house training problems.
 A NI U
23. Are the cages constructed of materials and designed to be easily cleaned and sanitized? A NI U
24. Are provisions made for regular exercising of animals enclosed in cages?
 Regular exercise is a minimum of two sessions totaling two hours daily with each session documented and documentation provided.
 A NI U
25. Is the Exercise Plan for Dogs complete? Yes No

Outdoor Housing:

26. Is there a shaded area to provide relief from direct sunlight in each pen or run? A NI U
27. Is there shelter from rain or snow in each pen or run? A NI U
28. Is there an area of clean dry bedding not exposed to any weather conditions? A NI U
29. Are the pens or runs sufficiently well drained? A NI U
30. Are the pens or runs solidly constructed to prevent escapes or injury? A NI U

Whelping:

31. Is the whelping area separate from the other kennel areas? A NI U

Isolation:

32. Is there provision for an isolation area for sick animals? A NI U

Food and Water:

33. Are rations suitable for the various types of animals on the premises? A NI U

34. Is food stored in vermin proof containers and properly marked? A NI U

35. Is a source of clean potable water available at all times for all cages and runs? A NI U

36. Do feed and water containers appear to be cleaned on a regular basis? A NI U

Staff and Attendants:

37. Is there sufficient staff to provide proper care for the numbers of animals on the premises? A NI U

Cleanliness:

38. Are all areas free from objectionable odors? A NI U

39. Are all areas reasonably clean of urine and feces and garbage? A NI U

40. Are appropriate chemicals used for regular sanitation? A NI U

Health:

41. Is there evidence of routine vaccinations? A NI U
 Must show copies of rabies vaccination certificates: Yes No

42. Is there evidence of routine deworming? A NI U N/A
 Must show proof of purchase of dewormer: Yes No

43. Have all reasonable measures been taken to minimize exposure to insects and pests and keep the premises free of rodents? A NI U

Purebred Stock:

44. Do the premises meet all Planning and Zoning requirements? Yes No

COMMENTS (Overall kennel assessment and further instructions):

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KENNEL OWNER OR MANAGER ON DUTY, IF OWNER NOT PRESENT:

I acknowledge and understand the results of this inspection:

Print Name: _____ **Signature:** _____ **Date:** _____

INSPECTING OFFICER: I certify that I have inspected these premises in accordance with the protocol established for the licensing of pet shops in Cecil County, Maryland:

Print Name: _____ **Signature:** _____ **Date:** _____

Inspector's Signature: _____

Inspector's Name Printed: _____