

**New Jersey Department of Health  
INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS**

Name of Facility		License No.	Date of Inspection
Address of Facility		Time Began	Time Completed
County/ Municipality		Inspecting Organization	
Name of Inspecting Official(s)			Telephone Number
Type of Establishment <input type="checkbox"/> Kennel <input type="checkbox"/> Pound <input type="checkbox"/> Pet Shop <input type="checkbox"/> Shelter	Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Complaint <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection	Result of Inspection <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional A <input type="checkbox"/> Conditional B	

**This inspection is based on N.J.A.C. 8:23A-1 "Animal Facility Operation" promulgated under the authority of N.J.S.A. 4:19-15.14. ("X" indicates a violation)**

<p><b>N.J.A.C. 8:23A</b></p> <p><b>1.2 - COMPLIANCE</b></p> <p><input type="checkbox"/> b. Certificate of local inspection  <input type="checkbox"/> d. Fire inspection  <input type="checkbox"/> c. Plan review, if applicable</p> <p><b>1.3 - FACILITIES (GENERAL)</b></p> <p><input type="checkbox"/> a. General housing condition  <input type="checkbox"/> b. Electric power/water test  <input type="checkbox"/> c. Storage of food and/or bedding  <input type="checkbox"/> d. Disposal of waste and/or carcasses  <input type="checkbox"/> e. Facilities for caretaker's cleanliness  <input type="checkbox"/> f. Premises (buildings and grounds)</p> <p><b>1.4 - FACILITIES (INDOOR)</b></p> <p><input type="checkbox"/> a. Indoor facilities/acclimation certificate not provided  <input type="checkbox"/> b. Heating  <input type="checkbox"/> c. Ventilation  <input type="checkbox"/> d&amp;e. Lighting  <input type="checkbox"/> f. Interior surfaces not impervious to moisture  <input type="checkbox"/> g. Drainage</p> <p><b>1.5 - FACILITIES (OUTDOOR)</b></p> <p><input type="checkbox"/> a,b,&amp;c. Protection from weather elements  <input type="checkbox"/> d. Drainage  <input type="checkbox"/> e. Outdoor enclosure surfaces/disposal of run off</p> <p><b>1.6 - PRIMARY ENCLOSURES</b></p> <p><input type="checkbox"/> a. Primary enclosure requirements  <input type="checkbox"/> b,g,&amp;h. Enclosure size/litter receptacle/exercise  <input type="checkbox"/> c. Segregation of animals  <input type="checkbox"/> d. Disinfection between inhabitants  <input type="checkbox"/> e. Isolating contagious animals  <input type="checkbox"/> f. Flooring  <input type="checkbox"/> i. Suspect rabid animal caging  <input type="checkbox"/> j. Tethering in lieu of primary enclosures</p> <p><b>1.7 - FEEDING AND WATERING</b></p> <p><input type="checkbox"/> a&amp;c. Feeding frequency  <input type="checkbox"/> b. Food quality  <input type="checkbox"/> d. Location of food receptacles  <input type="checkbox"/> e,f,&amp;g. Food receptacles  <input type="checkbox"/> h. Potable water/water receptacles</p> <p><b>1.8 - SANITATION</b></p> <p><input type="checkbox"/> a. Removal of excreta/protection of animals during cleaning  <input type="checkbox"/> b. Frequency of cleaning  <input type="checkbox"/> c. Disinfection practices  <input type="checkbox"/> d. Condition of buildings/grounds  <input type="checkbox"/> e. Pest control</p>	<p><b>N.J.A.C. 8:23A SECTIONS (CONTINUED)</b></p> <p><b>1.9 - DISEASE CONTROL</b></p> <p><input type="checkbox"/> a. Disease control and health care program established and maintained by a veterinarian:          Dr. _____</p> <p><input type="checkbox"/> b,c,&amp;j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting  <input type="checkbox"/> d. Observation of animals/treatment of injury or illness/ stress remediation  <input type="checkbox"/> e,k,&amp;l. Handling of rabies suspects  <input type="checkbox"/> f. Isolation of animals with communicable disease  <input type="checkbox"/> g,h,&amp;i. Isolation rooms  <input type="checkbox"/> m&amp;n. Fact sheets/noncompliance of ordered quarantine</p> <p><b>1.10 - HOLDING AND RECLAIMING ANIMALS</b></p> <p><input type="checkbox"/> a. <input type="checkbox"/> 1. Seven day stray holding period  <input type="checkbox"/> 1-4. Rabies holding period/rabies testing protocol  <input type="checkbox"/> 5-6. Elective euthanasia</p> <p><input type="checkbox"/> b. Facility Sign  <input type="checkbox"/> b. <input type="checkbox"/> 1-5. Public access  <input type="checkbox"/> 6-7. Notification of unlicensed dog/impoundment</p> <p><b>1.11 - EUTHANASIA</b></p> <p><input type="checkbox"/> a&amp;b. Pre-euthanasia handling/sedation  <input type="checkbox"/> c&amp;d. Method of euthanasia  <input type="checkbox"/> e. Persons administering euthanasia  <input type="checkbox"/> f. Euthanasia protocol  <input type="checkbox"/> g. Assessment of animals after euthanasia</p> <p><b>1.12 - TRANSPORTATION</b></p> <p><input type="checkbox"/> a&amp;b. Vehicle requirements  <input type="checkbox"/> c,e,&amp;f. Primary enclosures  <input type="checkbox"/> d. Animal segregation  <input type="checkbox"/> g. Sanitation of enclosures  <input type="checkbox"/> h. Emergency veterinary care  <input type="checkbox"/> i. Temporary holding facilities</p> <p><b>1.13 - RECORDS AND ADMINISTRATION</b></p> <p><input type="checkbox"/> a,c,&amp;d. Record keeping  <input type="checkbox"/> b. Records not kept on premise  <input type="checkbox"/> e. Change in facility status</p> <p><b>NJAC 8:23-1 THROUGH 3</b></p> <p><input type="checkbox"/> 1.1 Importation of dogs; certification requirements  <input type="checkbox"/> 1.2 Reporting of known or suspect rabid animal  <input type="checkbox"/> 1.3 Transportation of confined animals  <input type="checkbox"/> 1.4 Quarantine, testing and transportation of pet birds  <input type="checkbox"/> 1.5 Records of pet birds  <input type="checkbox"/> 2.1 Sale of turtle eggs/live turtles  <input type="checkbox"/> 3.1 Transportation of animals by ACOs</p>
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NUMBER OF ANIMALS AT THE FACILITY ( <i>List species and numbers</i> )							
Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
<b>Dogs</b>	_____	_____	_____	_____	_____	_____	_____
<b>Cats</b>	_____	_____	_____	_____	_____	_____	_____

Signature of Owner, Operator or Representative	Signature of Inspecting Official(s)
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