

DOG KENNEL INSPECTION REPORT

DATE 7/16/15

NAME OF ESTABLISHMENT _____

ADDRESS 1252 Nichols RD POST OFFICE _____

TOWNSHIP Clayton OWNER OR MANAGER _____

APPROVED NO

In accordance with Regulation No. 129 of Michigan Department of Agriculture and conformity with Section 10 of Act No. 339 of P A. of 1939, as last amended by Act No. 245 of PA. Of 1945 each dog kennel must conform with the requirements established by this Regulation. The necessary inspection shall be performed by the Dog Warden or by the Sheriff or by the Chief of Police in cooperation with the County Veterinarian.

Requirements

1. Establishment (3 or more dogs).
 - A. Animals kept for sale, boarding, breeding or training.
 - B. Owner does so for remuneration.
2. Construction of buildings and/or kennels
 - A. Constructed in such a manner that is prevents the public or stray dogs from Obtaining entrance thereto and gaining contact with kennel dogs.
 - B. Building in good repair
 - C. Buildings, including walls and floors, can be readily cleaned.
 - D. Kennels and yards connected therewith used to confine kennel dogs are kept cleaned and free from accumulation of filth, mud and debris.
3. Dogs
 - A. Kept in comfortable kennels or pens.
 - B. Furnished with clean, fresh water supply and adequate and proper food.
 - C. Protected from weather according to breed.
 - D. Have kennel tag attached to collar for each dog four month old or over.
 - E. Animals allowed to stray beyond enclosed premises.

| YES | NO |
|---------------------------------------|-------------------------------------|
| A <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Instructions _____

PERSON INTERVIEWED _____

INSPECTED BY Miller