



Animal Control
 Lincoln-Lancaster County Health Department
Inspection Form For Pet Shop Permit

Name of Facility: _____
 Address of Facility: _____ Zip Code: _____
 Name of Owner/Operator: _____
 Pet Shop Only Pet Shop with Grooming Services

Items are marked satisfactory or unsatisfactory with an "x" in the left column. Item numbers also indicate which section of Standards apply. NA means Not Applicable.

		Satisfactory	Unsatisfactory
2.00	Sanitation and Safety Regulations		
2.10	Cleaning of Primary Enclosures: excreta not removed, primary enclosure not clean, animals not removed when housing.....	<input type="checkbox"/>	<input type="checkbox"/>
2.20 - 2.23	Sanitizing of Primary Enclosures: not sanitized, not sanitized often enough, improperly sanitized.....	<input type="checkbox"/>	<input type="checkbox"/>
2.30	Premises: not clean, poor repair, accumulation of trash.....	<input type="checkbox"/>	<input type="checkbox"/>
2.40	Vermis and Pest Control: breeding areas not eliminated, vermin or pests present, not insect and rodent tight.....	<input type="checkbox"/>	<input type="checkbox"/>
2.50 - 2.60	Employees: not on duty when shop is open for care, not available after hours/weekends.....	<input type="checkbox"/>	<input type="checkbox"/>
2.70 - 2.80	Misrepresentation: selling sick or injured animals, misrepresent animal.....	<input type="checkbox"/>	<input type="checkbox"/>
2.90	Care and Feeding Instructions and Medical History of Animal: not available, not in writing.....	<input type="checkbox"/>	<input type="checkbox"/>
3.00	Watering		
	water not potable, not accessible at all times, not offered at least twice daily, receptacles not clean and sanitized.....	<input type="checkbox"/>	<input type="checkbox"/>
4.00	Feeding		
4.10	Food: feeding schedule not adequate, no wholesome and free from contamination, insufficient quality or nutrition.....	<input type="checkbox"/>	<input type="checkbox"/>
4.20	Receptacles: not accessible, poor location, not clean and sanitized, not durable.....	<input type="checkbox"/>	<input type="checkbox"/>
5.00	Facilities in General		
5.10	Structural Strength: not structurally sound, poor repair.....	<input type="checkbox"/>	<input type="checkbox"/>
5.20	Utilities: does not meet electrical and plumbing codes, hot and cold water not available or insufficient, no backflow preventer installed.....	<input type="checkbox"/>	<input type="checkbox"/>
5.30	Food and Bedding: storage unavailable, contaminated, no refrigeration.....	<input type="checkbox"/>	<input type="checkbox"/>
5.40	Disposal: no provisions for, not sanitary or approved, odors present.....	<input type="checkbox"/>	<input type="checkbox"/>
5.50	Washroom: not available, no sink and toilet, no hot and cold water, no tub or two compartment sink for utensils.....	<input type="checkbox"/>	<input type="checkbox"/>
6.00	Indoor Facilities		
6.10	Heating: not adequate, poor design or repair.....	<input type="checkbox"/>	<input type="checkbox"/>
6.20	Ventilation: not adequate, poor design or repair.....	<input type="checkbox"/>	<input type="checkbox"/>
6.30	Lighting: not adequate, too bright.....	<input type="checkbox"/>	<input type="checkbox"/>
6.40	Construction: not resistant to moisture, not sealed.....	<input type="checkbox"/>	<input type="checkbox"/>
6.50	Drainage: not connected to sewer, poor design or repair.....	<input type="checkbox"/>	<input type="checkbox"/>
7.00	Outdoor Facilities		
7.10 - 7.50	Shelter: no shade, no access to shelter when raining, snowing, or cold; poor design or location, not adequate to contain animals.....	<input type="checkbox"/>	<input type="checkbox"/>
8.00	Primary Enclosures		
8.10 - 8.23	Construction: not maintained, poor design, impervious or wire mesh floors, not clean and dry.....	<input type="checkbox"/>	<input type="checkbox"/>
8.30 - 8.43	Size: insufficient space, overcrowding, poor design.....	<input type="checkbox"/>	<input type="checkbox"/>
8.50	Construction: not durable, not capable of being easily cleaned and disinfected.....	<input type="checkbox"/>	<input type="checkbox"/>
8.60	Location of animals unsatisfactory for their protection and comfort.....	<input type="checkbox"/>	<input type="checkbox"/>
9.00	Classification and Separation		
9.10 - 9.40	Restrictions: not separated when animal in season, vicious or different species, improper quarantine.....	<input type="checkbox"/>	<input type="checkbox"/>
10.0	Veterinary Care		
10.1	Care: improper care or treatment, no veterinarian consulted.....	<input type="checkbox"/>	<input type="checkbox"/>
10.2 - 10.4	Rabies and Disease Prevention: no notification, not quarantined, no program in place, no signs making hand washing available to customers.....	<input type="checkbox"/>	<input type="checkbox"/>

Remarks and Recommendations _____

 Inspection Permit Approved Permit Denied Permit Pending
 Date: _____ Animal Control Officer: _____
 Store Manager: _____