

Pierce County Auditor
Pierce County Animal Control Vet Clinic Assessment Sheet
Inspection Date: _____

Owner: _____	Phone: _____
Address: _____	
Clinic Name: _____	
Animal Capacity: _____ Dogs Present: _____ Cats present: _____ Other Animals Present: _____	
Total Animals Present: _____ Last Inspection Date: _____	

OUTDOOR FACILITIES:

YES-NO-N/A

- Potable water supply at all times.
- Appropriate halters.
- Shelter provided.
- Drainage to enable animal to remain dry and clean.
- Premises-Cleanliness.
- Fencing of suitable construction.
- Secure and large enough for adequate exercise.

INDOOR FACILITIES:

- Enough space for Animal to turn about freely, stand, sit and lie down.
- Floors to protect the animals feet and legs from injury.
- Drainage to enable Animals to remain dry and clean.
- Cleaning/disinfecting/odors not detectable, Disinfected with _____.
- Kennels/Cages constructed in a safe manner to prevent injury to the animal.

GENERAL:

- Animals are fed at least once a day with appropriate feed for the animal.
- Lighting/Ventilation.
- Smoke alarms/Fire extinguishers.
- Building construction structurally sound and maintained.
- Water, heat and electricity.
- Food and bedding stored in a dry area.
- Waste disposal method _____.

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YES-NO-N/A

- Animals have to be compatible if housed together.
- Intact males are to be housed separately.
- Effective program for insects, pest and parasites/disease hazards.
- Quarantine/treatment area separate from others.

COMMENTS:

IMPROVEMENTS REQUIRED:

Passed inspection: Yes No

Inspecting officer: _____

Date: _____

Vendor : _____

Date: _____

Pierce County Auditor – Animal Control
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