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Kennel Check

Kennel Owner

Name Patti Renfro-McCarty
CC# _____

Agent Name Audrey Lycan
Date 5/13/03

Number of dogs 53

Puppies 10

Breed(s) of dogs Dachshunds

Dogs Identified?

- Yes Type of identification used: tattoo
 No
 Partial If no or partial, explain: _____
 Personal knowledge

I. Inspection

- A. Acceptable Is the construction of the kennels and cages such that they are structurally sound, in good repair, and without hazardous corners, edges, etc.?
 Unacceptable
- B. Acceptable Is there sufficient shelter to protect dogs from the elements?
 Unacceptable
- C. Acceptable In general, is there adequate space for each dog per kennel or cage, appropriate to the breed?
 Unacceptable
- D. Acceptable If there are kennels with wire mesh bottoms, is the wire appropriate to the breed?
 Unacceptable
- E. Acceptable Is there a source of fresh air by doors, windows or vents?
 Unacceptable
- F. Acceptable Is there an ample supply of artificial or natural light?
 Unacceptable

II. Cleanliness

- A. Acceptable Is the overall appearance clean?
 Unacceptable
- B. Acceptable Is there an absence of odor?
 Unacceptable
- C. Acceptable Is there an absence of accumulated dirt, fecal material, dried food?
 Unacceptable
- D. Acceptable Are water bowls present and clean, with fresh water sufficient for each dog?
 Unacceptable
- E. Acceptable Are food bowls present, with fresh food available?
 Unacceptable
- F. Acceptable If bedding is available, is it free of parasites?
 Unacceptable

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JB 24 June 03

Pre-License Inspection

Routine

Re-inspection _____
Original Insp. Date

Complaint
 Closed Unfounded

Violation Follow-up

Investigation

GEORGIA DEPARTMENT OF AGRICULTURE
COMMISSIONER TOMMY IRVIN
ANIMAL PROTECTION SECTION

Change of Info.

Delete

Meeting

Not at Home

Miscellaneous

INSPECTION REPORT

Date: 5-16-03

Establishment Name Keystone Kennel

Establishment # 81779 License # P1739

Address 5717 Cumming Hwy

City Coxton Zip 30114 County Cherokee

Phone # _____ Fax # _____

Name Ray DeJ...

Inspector # 2201

Facility: Inside Outside Both

Begin Time: 11:20

End Time: 11:45

_____ # of Enclosures

_____ # of Breeding Animals

Animal Shelter Bird Dealer Pet Dealer Kennel

REQUIREMENTS								
Premise	Pass	Fail	N/A	Performance	Pass	Fail	N/A	
1. Current License Displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Building: State of Repair/Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Adequate Temp. Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Adequate Ventilation 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal Care				
Enclosures				17. Classification & Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Space Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Adequate Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Interior Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Adequate Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Structural Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. 4. Selling or adoption of injured/ diseased/abnormal animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 Shelter from the Elements <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Minimum Age to Sell & Adopt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Tethering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pass - met all elements of the particular requirement				23. Euthanasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fail - failed to meet one or more elements of the particular requirement				24. Humane Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MAY 20 2003

REMARKS:

Went for routine + part den license renewal. Owner was home, but recovering from surgery. She'll contact me next week for an inspection. I left a renewal application to send to office.

I have read and understood the contents of this report
Signature _____ Owner Manager Employee

Inspector's Signature Ray DeJ...
Inspector's Signature _____