

(20) Adequate staff

(21) Transportation and shipment

625 Robert Street North St. Paul, MN 55155 651-296-2942 animalhealth@state.mn.us www.mn.gov/bah

## COMMERCIAL DOG OR CAT BREEDER INSPECTION REPORT

PREMIS	E AN	D VETERINARY INFO:			
Premise ID:			Veterinarian:		
Premise Name:			Clinic:		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
Phone:			Phone:		
Email:			Email:		
ANIMAI	INV	ENTORY:	IDENTIFICATION:		
			Pass Fail		
Dogs: Cats:			(22) Identification		
			RECORDS:		
FACILITY:			Pass Fail		
Pass Fail			(23) Records		
. 433 . 41	(1) (2) (3) (4)	Lighting Ventilation Sanitation Confinement and exercise area surfaces Drainage	VETERINARY PROTOCOL:  Pass Fail  (24) Veterinary protocol  (25) Veterinary health cert  (26) Brucellosis tests	ificates	
STANDARDS OF CARE: Pass Fail			COMMENTS:		
	(7) (8) (9) (10) (11) (12) (13)	Food Water Shelter size Dogs kept outdoors or in an unheated enclosure Cats Temperature Exercise Animals exercised in groups Group housing and breeding			
	(16) (17) (18)	Females in estrus Minimum age at time of sale Enrichment and positive physical contact Training or handling Health care	Name:	_ Date:	