



# THE COMMONWEALTH OF MASSACHUSETTS

## ANIMAL CONTROL OFFICER KENNEL INSPECTION REPORT

City or Town of: \_\_\_\_\_

Page 1  
of \_\_\_\_\_

Kennel license number: \_\_\_\_\_

Inspection date: \_\_\_\_\_

### 1. Kennel information:

Kennel name: \_\_\_\_\_

Kennel owner: \_\_\_\_\_

Kennel address: \_\_\_\_\_

Kennel phone: \_\_\_\_\_

Number of dogs over 6 months old on premise: \_\_\_\_\_

Kennel veterinarian and address: \_\_\_\_\_

**Maximum number of dogs  
allowed for this license:**

### 2. Licensing status:

Kennel license status: New ☐ Renewed ☐ Expired ☐ Unlicensed ☐

Kennel type: Personal ☐ Commercial ☐ Daycare ☐ Training ☐ Boarding ☐ Veterinary ☐

Check all that apply

Protection Dogs ☐ Shelter/Rescue ☐ Animals for Sale ☐ Breeder (parents on-site) ☐ Other \_\_\_\_\_

If kennel license has not been renewed, why not? \_\_\_\_\_

### 3. Housing:

Dog Housing Crates ☐ Kennel ☐ Free Range ☐ Other \_\_\_\_\_

### 4. Conditions:

Please explain any No answers on page 2.

A. Dogs are housed in a humane manner: Yes ☐ No ☐

B. Dogs are able to stand, lie down and turn around freely: Yes ☐ No ☐

C. Kennel is kept at an ambient temperature:  
(between 55 and 85 degrees Fahrenheit) Yes ☐ No ☐

D. Kennel is maintained in a sanitary manner: Yes ☐ No ☐

E. The kennel has adequate lighting: Yes ☐ No ☐

F. Dogs have access to clean, fresh food and water: Yes ☐ No ☐

G. Dogs have adequate exercise space: Yes ☐ No ☐

H. Veterinary and other records available: Yes ☐ No ☐

### 5. Comments:

Approved ☐ Not approved ☐ Reinspect on or after: ☐ \_\_\_\_\_

ACOs name: \_\_\_\_\_ Report received by: \_\_\_\_\_

ACO's Signature: \_\_\_\_\_ Signature of Recipient: \_\_\_\_\_



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**Kennel name:** \_\_\_\_\_

[illegible]

**ACO's Signature:**\_\_\_\_\_