



THE COMMONWEALTH OF MASSACHUSETTS

ANIMAL CONTROL OFFICER KENNEL INSPECTION REPORT

City or Town of: _____
 Kennel license number: _____
 Inspection date: _____

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1. Kennel information:

Kennel name: _____

Kennel owner: _____

Kennel address: _____

Kennel phone: _____

Kennel veterinarian and address: _____

Number of dogs over 6 months old on premise:
Number of dogs allowed for this license:

2. Licensing status:

Kennel license status: New Renewed Expired Unlicensed

Kennel type: Commercial Doggie Daycare Personal Other _____

If kennel license has not been renewed, why not? _____

3. Housing:

Dog Housing Crates Kennel Free Range Other _____

4. Conditions:

- | | | | | |
|---------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| A. Dogs are housed in a humane manner: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| B. Dogs are able to stand, lie down and turn around freely: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| C. Kennel is kept at an ambient temperature
(between 55 and 85 degrees Fahrenheit) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| D. Kennel is maintained in a sanitary manner: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| E. The kennel has adequate lighting: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| F. Dogs have access to clean, fresh food and water: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| G. Dogs have adequate exercise space: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| H. Veterinary and other records available: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please explain any No answers on page 2.

5. Comments:

Approved Not approved Reinspect on or after: _____

ACOs name: _____ Report received by: _____

ACO's Signature: _____ Signature of Recipient: _____

