



THE COMMONWEALTH OF MASSACHUSETTS

ANIMAL CONTROL OFFICER KENNEL INSPECTION REPORT

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

1. Kennel information

Kennel name: _____
 Kennel owner: _____
 Kennel address: _____
 Kennel phone: _____
 Kennel veterinarian name 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 runs Free Other: _____

4. Conditions:

Dogs are housed in a humane manner:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dogs are able to stand, lie down and turn around freely:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kennel is kept at an ambient temperature:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kennel is maintained in a sanitary manner:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The kennel has adequate lighting:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dogs have access to clean, fresh food and water:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dogs have adequate exercise space:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Veterinary and other records available:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please explain any NO answers _____

4. Comments:

Approved: Not approved: Reinspect on or after: _____
 ACO's name: _____ Report received by: _____
 ACO's signature: _____ Signature of recipient: _____

White Copy - ACO / Yellow Copy - Kennel owner