



CECIL COUNTY CATTERY INSPECTION REPORT	Date: _____
---	--------------------

License Number: _____ Type of Inspection: New Complaint Renewal Re-Inspection Routine

Cattery's Name: _____ **Phone No.** _____

Address: _____ **City:** _____ **Zip:** _____

Owner's Name: _____ **Phone No.** _____

Address: _____ **City:** _____ **Zip:** _____

Veterinarian's Name: _____ **Phone No.** _____

License Number and State: _____

Clinic Name: _____

Address: _____ **City:** _____ **Zip:** _____

Animals housed off-site: Yes No If yes, where? _____

Cattery Capacity: _____ **Total Animals on-site:** _____

Breed(s): _____

A = Acceptable NI = Needs Improvement U = Unacceptable (Check off the desired box)

Any item marked Needs Improvement or No results in a mandatory re-inspection in ten (10) days at an additional cost as set forth in Appendix 1. Fines and Fees Schedule. Three failed inspections within a license or permit year shall result in a denial or revocation of the license or permit. Five (5) or more Unacceptable items result in a denial of a license for a period of one year.

Housing and Accommodation:

- | | |
|--|---|
| 1. Spaces provided are appropriate for the cat's activity level, health and length of confinement. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 2. Smoke detector(s) and fire extinguisher(s) are present. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 3. No cages have uncovered wire floors. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 4. Enclosures are structurally sound, in good repair and free of hazards | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 5. Electrical outlets are covered or out of reach. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 6. Spaces provided are appropriate for the cat's activity level, health and length of confinement. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 7. There are adequate sources of natural/artificial light. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 8. There is adequate fresh air intake. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 9. Temperature is suitable and capability for temperature control is evident, i.e., a/c and heat. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |

--- Additional Requirements for Outdoor (If Applicable)

- | | | |
|-----|---|---|
| 11. | Cats are contained in a clean, well made facility that provides adequate shelter from the elements. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 12. | Structure(s) prohibit escape of animals and entry of other animals or their bodily fluids. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 13. | Facility provided is appropriate for the cat's activity level, health and length of confinement. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |

Health, Veterinary Care, Records

- | | | |
|-----|--|---|
| 14. | All ongoing medical conditions are under treatment. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 15. | Medication stored properly. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 16. | The cats appear well nourished. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 17. | The cats appear healthy, clean, and free of external parasites and fungus. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 18. | The cats appear content and well – socialized. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 19. | Spaces provided are appropriate for the cat's activity level, health and length of confinement. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 20. | Vaccination records are available for each cat. | Yes <input type="checkbox"/> No <input type="checkbox"/>
A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 21. | Health record is available on each cat, listing any special dietary needs, allergies, and/or medical conditions. | Yes <input type="checkbox"/> No <input type="checkbox"/>
A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |

Cleanliness and Sanitation:

- | | | |
|-----|---|---|
| 22. | The odor level is acceptable. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 23. | The area is clean and free of debris. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 24. | Chemicals, cleaning agents and toxic plants are inaccessible to cats. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 25. | Any bedding provided appears to be clean. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 26. | Food and water dishes are clean. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 27. | Fresh water is available at all times. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 28. | High quality, nutritionally sound food is utilized and provided in sufficient quantity. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 29. | Litter boxes are sufficiently distant from feeding area. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 30. | Litter box material is relatively free of feces and urine. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 31. | Litter boxes themselves are clean. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
| 32. | Used litter is disposed of in a sanitary manner. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |

Other

- | | | |
|-----|--|---|
| 33. | Breeding males and females are securely separated. | A <input type="checkbox"/> NI <input type="checkbox"/> U <input type="checkbox"/> |
|-----|--|---|

34. Near-term pregnant/nursing queens and kittens are segregated from other cats. A NI U

Birthing

35. The isolated birthing area is clean, quiet and warm. A NI U

36. Young kittens are isolated from the cattery colony for the first six weeks. A NI U

37. The area provides a hazard-free environment for kittens. A NI U

Isolation Room or Area:

38. An isolation area is used for all new, incoming, show or ill cats. A NI U

39. The area provides adequate isolation against spread of disease. A NI U

40. The area has appropriate lighting. A NI U

41. The area is well ventilated. A NI U

42. The space is sufficiently large for the situation. A NI U

43. The area is clean and free of offensive odors. A NI U

44. The temperature is appropriate for the situation. A NI U

45. The area is secure and free from hazards. A NI U

COMMENTS (Overall cattery assessment and further instructions):

**CATTERY OWNER OR MANAGER ON DUTY IF OWNER NOT PRESENT:
I acknowledge and understand the results of this inspection:**

Print Name: _____ **Signature:** _____ **Date:** _____

INSPECTING OFFICER: I certify that I have inspected these premises in accordance with the protocol established for the licensing of pet shops in Cecil County, Maryland:

Print Name: _____ **Signature:** _____ **Date:** _____