



LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY

MIKE STRAIN DVM, COMMISSIONER

OFFICE OF ANIMAL HEALTH & FOOD SAFETY, P.O. BOX 1951, Baton Rouge, LA 70821-1951 Office (225)925-3980, Fax (225) 923-5555

**Animal Control Shelter Inspection Form**

Name of Shelter: \_\_\_\_\_ Date of Inspection \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parish \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Annual Intake: \_\_\_\_\_ Holding Facility

Inspection pursuant to MINIMUM STANDARDS FOR ANIMAL SHELTERS RS 3:2461	Y	N	NA
<b>1. General shelter standards RS 3:2463:</b>			
Shelter hours of operation, emergency number and fees visibly posted and registered with the parish governing authority			
Sewage disposal of waste matter comply with existing parish and state codes for sanitation			
Shelter personnel training and documentation			
<b>Comments:</b>			
<b>2. Shelter Construction RS 3:2464:</b>			
Floors and walls of animal holding areas, smooth, impervious to moisture and cleanable			
All animal holding areas shall be sloped to a drain connected to a sanitary sewer or an approved individual sewerage system. Operable floor drains			
Rabies quarantine kennels isolated from all other kennels			
<b>Comments:</b>			
<b>A. Facilities, general:</b>			
Structural strength, adequate for containment, safety and to prevent harm and injury			
Water ( hot and cold) and electric power			
Storage, adequate to protect food and bedding supply from damage and contamination			
Waste disposal and debris removal			
Pest Control adequate to prevent vermin infestation, harborage and contamination			
Washrooms, Bathrooms and Sinks, accessible to public and personnel, maintained clean and operational			
<b>Comments:</b>			
<b>B. Facilities, indoor:</b>			
Heating, adequate to maintain animal housing areas above 50 degrees Fahrenheit			
Ventilation adequately ventilated to provide for the health and comfort of the animals at all times. Auxiliary ventilation, such as exhaust fans and vents of air conditioning, shall be provided when the ambient temperature is eighty-five degrees Fahrenheit or higher.			
Lighting, adequate to support normal operations			
Drainage, properly constructed and kept in good repair to rapidly eliminate excess water			
<b>Comments:</b>			
<b>C. Facilities, outdoor:</b>			
Shelter from extreme weather conditions and harsh elements			
Cleanable , maintained clean and free of waste and debris			
Drainage, properly constructed and kept in good repair to rapidly eliminate excess water			
<b>Comments:</b>			
<b>D. Primary enclosure requirements:</b>			
Structurally sound and maintained in good repair to protect the dogs and cats from injury, to contain them, and to keep predators out.			
Shall be constructed and maintained so as to enable the dogs and cats to remain dry and clean and will have convenient access to clean food and water			
All animal enclosures provide sufficient space to allow each dog and cat to turn about freely and to easily stand, sit, and lie in a comfortable, normal position.			
Primary enclosures for housing cats which have a solid floor shall contain a receptacle with sufficient clean litter to contain excreta.			
Primary enclosures for housing cats shall be provided with a solid resting surface or surfaces which, in the aggregate, shall be of adequate size to comfortably hold all of the occupants of the primary enclosure at the same time. The resting surface or surfaces shall be elevated in primary enclosures housing two or more cats			
Primary enclosures for housing cats shall provide a minimum of two and one-half square feet of floor space per cat.			



**ANIMAL INVENTORY AT INSPECTION**

**ANNUAL ANIMAL INVENTORY**

**ANIMAL ENCLOSURE INVENTORY**

Dogs: \_\_\_\_\_

Dogs: \_\_\_\_\_

Dogs: \_\_\_\_\_

Cats: \_\_\_\_\_

Cats: \_\_\_\_\_

Cats: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Comments:

**Facility Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Representative's Printed Name:** \_\_\_\_\_

**LDAF Official Inspector's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LDAF Official Inspector's Printed Name:** \_\_\_\_\_

**Governing Authority Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Governing Authority Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_