

# Lamoille Valley Veterinary Services

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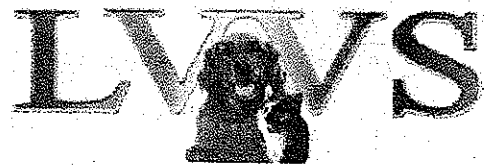
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## LAMOILLE VALLEY VETERINARY SERVICES FACILITY INSPECTION FORM

<b>Owners Name:</b> John Cornell	<b>Spouse/Co-owner Name:</b> Elaine
<b>Address:</b> 964 Williams Hill Road	
Richmond VT 05477	<b>Date:</b> February 23, 2010
<b>Phone:</b> 434-6393	<b>MR#:</b> 5923
<b>Physical Address of Facility if different from above:</b>	

<b>Inspection Rating:</b> U = Unacceptable 1 = Needs improvement 2 = Acceptable N/A = Not Applicable	<b>Note: Primary enclosure refers to:</b> kennel, crate, cage, run, dog house etc.
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**Animal Type:**

Dogs

Cats

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

Scheduled Inspection or

Drop By Inspection (circle option)

**Kennel/Cattery/Business Name:** Longship Newfoundlands

Area of Inspection	Inspection Rating			
<b>Numbers</b>				
Number of animals at facility				
a. Number of breeding animals				46, 2B
b. Number of non-breeding animals				10
<b>Indoor Facilities</b>				
a. Adequate space per animal, per primary enclosure, appropriate to species/breed	U	1	(2)	N/A
b. Lack of hazards, not needing of repair	U	1	(2)	N/A
c. Are there Primary enclosures with wire mesh bottoms? Yes If yes, explain use and if such use is considered acceptable to inspecting veterinarian:			(No)	
d. Primary enclosures are structurally sound, operate properly and contain animal(s).	U	1	(2)	N/A
e. Primary enclosures are impervious to moisture and are readily sanitized	U	1	(2)	N/A
f. Primary enclosures are clean and free from dirt and hair	U	1	(2)	N/A
g. Primary enclosures allow animals to freely move, turn and stand easily	U	1	(2)	N/A
<b>Ventilation</b>				
a. There is a source of fresh air by doors, windows or vents	U	1	(2)	N/A
b. Facility is heated and/or cooled to keep an ambient temperature that will prevent hyperthermia or hypothermia	U	1	(2)	N/A

c.	Absence of odor	U	1	(2)	N/A
d.	Absence of moisture/condensation.	U	1	(2)	N/A
<b>Light</b>					
a.	Ample & reliable supply of artificial or natural light	U	1	(2)	N/A
b.	Lighting uniformly distributed, while not excessive	U	1	(2)	N/A
<b>Cleanliness</b>					
a.	Overall appearance clean	U	1	(2)	N/A
b.	Absence of accumulated dust, dirt, fecal material, dried food	U	1	(2)	N/A
c.	Absence of insects, pests and vermin	U	1	(2)	N/A
d.	Watering devices present, clean, with fresh water sufficient for each animal	U	1	(2)	N/A
e.	Cleaning protocol in place & either posted or known by all facility personnel	U	1	(2)	N/A
f.	Facility appears to have been cleaned recently as per protocol	U	1	(2)	N/A
g.	Any food bowls in primary enclosures are clean with fresh food	U	1	(2)	N/A
h.	Bedding is clean	U	1	(2)	N/A
i.	Facility is clean of accumulated debris and excreta	U	1	(2)	N/A
j.	Absence of hazardous materials, open flames, uncovered wall plugs at the floor, etc.	U	1	(2)	N/A
<b>Food</b>					
a.	Animals are at proper weight for age, size, breed and species	U	1	(2)	N/A
b.	Food on premises of sufficient nutritive value for the animals in the facility	U	1	(2)	N/A
c.	Food is stored and handled such to keep it clean, free from contaminants, exposure to elements and fecal material	U	1	(2)	N/A
d.	Perishable food stored in proper refrigeration.	U	1	(2)	N/A
<i>55 of Winter / 64 of Summer</i> <b>Outdoor Facilities</b>					
a.	Sufficient shade to protect animals from sun	U	1	(2)	N/A
b.	Sufficient shelter to allow animals to remain dry	U	1	(2)	N/A
c.	Protection to keep animals from straying and prevent other animals from entering	U	1	(2)	N/A
d.	Area allows for daily exercise and socialization	U	1	(2)	N/A
e.	Area provides appropriate wind, rain or snow breaks	U	1	(2)	N/A
f.	Environmental enhancements	U	1	(2)	N/A
<b>Vehicle(s)</b>					
a.	Vehicle(s) for transporting animals is/are mechanically sound and equipped to provide fresh air without injurious drafts and temperature controlled.	U	1	(2)	N/A
b.	Animal cargo space shell shall be constructed & maintained to prevent ingress of exhaust from vehicle engine.	U	1	(2)	N/A
c.	Interior of animal cargo space is kept clean.	U	1	(2)	N/A
d.	Transport primary enclosures shall be well constructed, well ventilated. Openings shall be easily accessible at all times for emergency removal and afford adequate protection from elements.	U	1	(2)	N/A
e.	Water is available during transport.	U	1	2	N/A
<b>Health</b>					
a.	Whelping/queening/birth area is separate and has sufficient space for animal, whelps, materials, etc.	U	1	(2)	N/A
b.	Puppies/kittens not housed in same primary enclosure as adult dogs/cats other than their dams. Dogs: Females in season are not housed in same primary enclosure as males except for breeding purposes.	U	1	(2)	N/A
c.	Species are not housed together in primary enclosure(s).	U	1	(2)	N/A
d.	Animals with vicious dispositions are housed individually.	U	1	(2)	N/A
e.	Waste is disposed of promptly.	U	1	(2)	N/A
f.	Drainage allows for rapid elimination of excess water.	U	1	(2)	N/A
g.	Medications are stored in secure manner to prevent accidental ingestion by animals.	U	1	(2)	N/A

h.	Isolation/quarantine area exists or can be easily established in case of contagious disease.	U	1	2	N/A
i.	All animals are individually identified and such id (if not readable), contained on site (i.e., microchip listings).	U	1	2	N/A
j.	Record keeping re: reproduction is available and appropriate to species/breed.	U	1	2	N/A
k.	Dogs/Cats: animals have good skin and coats. Reptiles: animals have good skin and nails. Other(s):	U	1	2	N/A
l.	Dogs/Cats: animals groomed and without severe mats	U	1	2	N/A
m.	Are there any distressed or ill animals? If yes, are there under veterinarian's care?			Yes Yes	No No
n.	Are animals observed and handled daily? If not, explain why & what pattern observation & handling occur, and if protocol is considered acceptable to inspecting veterinarian:			Yes	No
o.	Is there a parasite control program in place? If yes, please explain.			Yes	No
p.	<i>Ivermectin, Fenbendazole Frontline Plus, Advant</i>				
p.	Animals appear "apparently healthy."	U	1	2	N/A
q.	Adequate space for each animal given species, breed(s) and set up of this facility.	U	1	2	N/A
r.	Personnel and/or owners qualified for animal caretaking	U	1	2	N/A

Give explanation for all "U" or "1" ratings below (use additional page(s) if needed):

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Any other comments:

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Inspected by: Cindy K. Pratt, DVM

License: 52-0001444

Signature: *Cindy K. Pratt DVM*

I acknowledge I was present during the inspection:

Signature of Owner(s): *John C. Cornell*

Date: *2-23-10*

LVVS Facility Inspection Form developed from State of Vermont Animal Welfare Regulations, AKC, ACFA and CFA Inspection Forms and other sources. This form may not carry any significance outside of the relationship between Lamoille Valley Veterinary Services and owner of inspected facility. Inspections are generally performed every six to twelve months at the request of owner of the facility and represent what was witnessed on the date of the inspection.

LVVS does not and cannot approve, license or endorse anyone engaged in selling animals. Any notation on this inspection report only denotes that the facility inspected met minimum standards as per the representative of LVVS on the date of the inspection.