

## DIVISION OF ANIMAL & FOOD INDUSTRY SERVICES OFFICE OF VETERINARY SERVICES - ANIMAL CARE P.O. BOX 1163 RICHMOND, VA 23218 804-692-4001

## ANIMAL SHELTER INSPECTION FORM

Facility Name/ID: Cookbuilee Stort			Date: /// / 2020
Facility Name/ID: fockbridge Stoff Public Annal Shelder		Time: 1: Man	
Elements of Inspection			
1) Animals on premises.	☐ Inspected ☐ No	ot Inspected – Explain:	
2) Animal enclosures.	☐ Inspected ☐ No	ot Inspected – Explain:	
3) Areas of facility.	□ Inspected □ No	ot Inspected – Explain:	€.
4) Methods of animal euthanasia.	☐ Inspected ☐ No	ot Inspected – Explain:	
5) Other (specify or indicate "N/A"):			
Results of Inspection			
☑ No Violations Cited			
□ Violations Cited (Details of the violations will be provided in an Inspection Summary and included in the Inspection Report and mailed to the responsible authority. The Inspection Report will also include information regarding questions or submission of a response upon receipt of the report.)			
□ 3.2-6503 □ 2 VAC 5-111-2 □ 3.2-6546 (B) □ 2 VAC 5-111-2 □ 3.2-6546 (C) □ 2 VAC 5-111-2 □ 3.2-6546 (D) □ 2 VAC 5-111-2 □ 3.2-6557 □ 2 VAC 5-111-2 □ 3.2-6574 □ 2 VAC 5-111-3 □ 3.2-6575 □ 2 VAC 5-111-3	0 (B)	AC 5-111-30 (C) AC 5-111-40 (A) AC 5-111-40 (B) AC 5-111-40 (C) AC 5-111-40 (D)	☐ 2 VAC 5-150-120 ☐ 2 VAC 5-150-130 ☐ 2 VAC 5-150-140 ☐
Reference Materials Provided			
<ul> <li>□ Virginia Administrative Code, Title 2, Agency 5, Chapter 111 "Public and Private Animal Shelters"</li> <li>□ Virginia Administrative Code, Title 2, Agency 5, Chapter 150 "Rules and Regulations Governing the Transportation of Companion Animals"</li> <li>□ VDACS Guidance Document "Guidelines Governing the Veterinary Protocols Required by Virginia Administrative Code 2 VAC 5-111-30"</li> <li>□ Division Administrative Directive 79-1 "Methods Prescribed or Approved for Animal Euthanasia and Competency Certification Requirements"</li> <li>□ VDACS Form "Animal Custody Record"</li> <li>□ Virginia Animal Shelter Civil Penalty Matrix – Guidelines for Enforcement</li> <li>□ Other (Specify):</li> </ul>			
Name: State Veterinarian's Representative Signature:			
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REVIEWED WITH: Printed Name Karra R. Beard			
Signature         Date           VDACS AC-10 (rev. 07/19)			