

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

## **ANIMAL FACILITY INSPECTION REPORT**

Facility Name/ID:				Inspection Date:		
Physical Address:						
				Unannounced □	Scheduled □	
Type of Facility: ☐ Private Animal Shelter ☐ Public Animal Shelter ☐ Other:						
Owned By: ☐ Humane Society ☐ City ( ) ☐ County ( ) ☐ Other:						
Operated By: ☐ Humane Society ☐ City ( ) ☐ County ( ) ☐ Other:						
Other Facility Details (inc. contractual arrangements):						
Weekly Hours of Public Access:						
Facility Supervisor:						
Facility Mailing Address:		Facility Telephone Number:				
		Facility Fax Number:				
		Facility Email:				
Responsible Party Name and Addres		ddress:		Responsible Party:		
				ocal Governing Bo rganization Board t Owner		
Attachments:						
☐ ANIMAL FACILITY INSPECTION FORM – ANIMAL CARE						
☐ ANIMAL FACILITY INSPECTION FORM – OPERATIONS						
☐ ANIMAL FACILITY INSPECTION FORM – ANIMAL TRANSPORT						
Inspected By State Veterinarian's Representative						
Name:	ame: Signature:					

Title: