

K. Is there an absence of fecal material and other debris?

L. Feces Disposal:

M. Flooring Surface:

N. Fencing:

O. Housing:

5. Kennel Operations

- | | <u>Acceptable</u> | <u>Needs Improvement</u> | <u>Unacceptable</u> | |
|----|-------------------------------------|-------------------------------------|--------------------------|--|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there a sufficient number of staff (individuals) to maintain appropriate levels of care for the number of dogs being kept in the kennel? Staffing: FTE: <input type="text" value="2"/> PTE: <input type="text" value=""/> |
| B. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the kennel have a documented emergency preparedness plan that is adequate for the type and number of dogs being housed in the kennel? |

C. Explain the emergency plan that is currently in place for the kennel:

6. Summary of Inspection

A. Overall, is customer in compliance with AKC's Care Conditions Policy?

B. Attached documentation: If Yes, Type:

C. Time in: Time out:

D. Explanation of any conditions less than acceptable:

