

- Pre-License Inspection
- Routine
- Re-inspection _____
Original Insp. Date
- Complaint
 Closed Unfounded
- Violation Follow-up
- Investigation

**GEORGIA DEPARTMENT OF AGRICULTURE
COMMISSIONER GARY BLACK
ANIMAL PROTECTION SECTION**

INSPECTION REPORT

Date: 4-5-13

- Change of Info.
- Delete
- Meeting
- Not at Home
- Miscellaneous _____
- License Expiration Date: 2-28-14

Establishment Name Columbus Animal Control Center
 Establishment # 9572 License # 239572
 Address 4910 Milgrim Rd
 City Columbus Zip 31907 County MUSCOGEE
 Phone # 706/561-8602 Fax # _____

Name Nichols
 Inspector # 1401
 Facility: Inside Outside Both
 Begin Time: 10:00
 End Time: 11:00

0 # of Enclosures/Stalls
0 # of Breeding Animals
0 # of Equine

Animal Shelter Bird Dealer Pet Dealer Kennel Stable

REQUIREMENTS								
Premise	Pass	Fail	N/A	Performance	Pass	Fail	N/A	
1. Current License Displayed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Record keeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Pest Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Adequate Temp. Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Sanitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Adequate Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Waste Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal Care				
Enclosures				17. Classification & Separation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Space Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Adequate Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Interior Surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Adequate Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Structural Strength	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Selling or adoption of injured/ diseased/abnormal animals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Shelter from the Elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Minimum Age to Sell & Adopt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Drainage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Tethering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pass - met all elements of the particular requirement				23. Euthanasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fail - failed to meet one or more elements of the particular requirement				24. Humane Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NUMBER OF VIOLATIONS ISSUED DURING THIS INSPECTION: 0

REMARKS: Routine. All premise requirements met. Euthanasia by person certificate letter expired 4-1-13. I spoke w/ personnel & advised to update letter ASAP. NO violation issued. DEA license of Sara Welsh

I have read and understood the contents of this report
 Signature _____ Owner Manager Employee

Sara Welsh
 Printed Name _____

[Signature]
 Inspector's Signature

Assisting Inspector's Signature _____

For this facility is current. All suites is obtained from Dr. Seward as needed.

Records are kept in computer database as well as hard copy file in manageable order.

Facility utilizes 9 transport vehicles & run 24/7 shifts. All vehicles in good state of repair. Fire extinguishers are present & charged in all vehicles.

AC continues to fax all parvo rpts to state vet office. Parvo / disease protocol has been accepted by Dr. Libb. It will ask about need to continue reporting all parvo cases at this point.

Humane care is assured.