

# ANIMAL CARE INSPECTION REPORT

Routine     Reinspection     Pre-license     Attempted     Other

41-B-159      1 OF 2

2. DATE OF INSPECTION  
2/22/96

4. TIME  
10:00AM

5. DATE OF LAST INSPECTION  
3/29/95

6. TIME  
10:45AM

7. NAME AND MAILING ADDRESS OF LICENSEE OR REGISTRANT  
**KATHY + ALLEN BOUCK**  
 RT 3 Box 280  
 NEW YORK MILLS, MN 56567

8. ADDRESS OF PREMISES AT TIME OF INSPECTION (if different than item 7)

STANDARDS AND REGULATIONS	DOGS	CATS	GUINEA PIGS	HAMSTERS	RABBITS	PRIMATES	MAMMALS	OTHER
	A	B	C	D	E	F		
9. NO. OF ANIMALS INSPECTED	440A 287P 727							

"X" if in compliance; CIRCLE Non-compliant items (explain on APHIS FORM 7100, Continuation Sheet); NA if not applicable; NS if not seen.

FACILITIES	GENERAL	INDOOR	SHELTERED	OUTDOOR	MOBILE	PRIMARY ENCLOSURE	ANIMAL HEALTH AND HUSBANDRY	TRANSPORTATION	SCORING	
									3.1-3.5	3.6-3.9
	10. Structure and Construction	XX	XX	XX	XX	XX	XX	XX	3.1	3.25
	11. Condition and Site	XX	XX	XX	XX	XX	XX	XX	3.1	3.25
	12. Surfaces & Cleaning	XX	XX	XX	XX	XX	XX	XX	3.1	3.25
	13. Utilities/Washrooms/Storage	XX	XX	XX	XX	XX	XX	XX	3.1	3.25
	14. Drainage and Waste Disposal	XX	XX	XX	XX	XX	XX	XX	3.1	3.25
	15. Temperature/Ventilation/Lighting	XX	XX	XX	XX	XX	XX	XX	3.2	3.26
	16. Interior Surfaces	XX	XX	XX	XX	XX	XX	XX	3.2	3.26
	17. Drainage	XX	XX	XX	XX	XX	XX	XX	3.2	3.26
	18. Temperature/Ventilation/Lighting	XX	XX	XX	XX	XX	XX	XX	3.3	3.27
	19. Shelter from elements	XX	XX	XX	XX	XX	XX	XX	3.3	3.27
	20. Surfaces	XX	XX	XX	XX	XX	XX	XX	3.3	3.27
	21. Capacity/Perimeter fence/Barrier	XX	XX	XX	XX	XX	XX	XX	3.3	3.27
	22. Restrictions or Acclimation	XX	XX	XX	XX	XX	XX	XX	3.4	3.27
	23. Shelter from elements	XX	XX	XX	XX	XX	XX	XX	3.4	3.27
	24. Drainage	XX	XX	XX	XX	XX	XX	XX	3.4	3.27
	25. Construction	XX	XX	XX	XX	XX	XX	XX	3.4	3.27
	26. Capacity/Perimeter fence/Barrier	XX	XX	XX	XX	XX	XX	XX	3.4	3.27
	27. Temperature/Ventilation/ Lighting	XX	XX	XX	XX	XX	XX	XX	3.5	3.27
	28. Public Barrier	XX	XX	XX	XX	XX	XX	XX	3.5	3.27
	29. General Requirements	XX	XX	XX	XX	XX	XX	XX	3.6	3.28
	30. Space & Additional Requirements	XX	XX	XX	XX	XX	XX	XX	3.6	3.28
	31. Protection from Predators	XX	XX	XX	XX	XX	XX	XX	3.6	3.25
	32. Exercise and Socialization	XX	XX	XX	XX	XX	XX	XX	3.6	3.25
	33. Environment Enhancement	XX	XX	XX	XX	XX	XX	XX	3.6	3.25
	34. Feeding	XX	XX	XX	XX	XX	XX	XX	3.9	3.29
	35. Watering	XX	XX	XX	XX	XX	XX	XX	3.10	3.30
	36. Cleaning and Sanitation	XX	XX	XX	XX	XX	XX	XX	3.11	3.31
	37. Housekeeping and Pest Control	XX	XX	XX	XX	XX	XX	XX	3.11	3.31
	38. Employees	XX	XX	XX	XX	XX	XX	XX	3.12	3.32
	39. Social Grouping and Separation	XX	XX	XX	XX	XX	XX	XX	3.7	3.33
	40. Primary Enclosure	XX	XX	XX	XX	XX	XX	XX	3.14	3.36
	41. Primary Conveyance	XX	XX	XX	XX	XX	XX	XX	3.15	3.37
	42. Food and Water	XX	XX	XX	XX	XX	XX	XX	3.16	3.38
	43. Care in Transit	XX	XX	XX	XX	XX	XX	XX	3.17	3.39
	44. Handling during Transportation	XX	XX	XX	XX	XX	XX	XX	3.19	3.41

45. Identification - 2.38 & 2.50

46. Records & Holding Period - 2.35, .38, .75-78, .101, .132 & .133

47. Handling - 2.38 & 2.41

48. Veterinary Care - 2.33, 2.40, & 3.110

49. IACUC - *AAA*

50. Personnel Qualifications - *AAA*

51. Other items? YES (if yes, see continuation sheet)  NO

52. PREPARED BY (Signature and title)  
*Cathy Horvath*  
DR. CATHERINE F. HORVATH  
Veterinary Medical Officer  
USDA - APHIS - REAC - AC

53. DATE  
2/22/96

54. COPY RECEIVED BY (Signature and title)  
*[Signature]*  
55. DATE  
2/22/96

56. REVIEWED BY (Signature and title)  
*[Signature]*  
57. DATE  
2-27-96

58. MAVA BINKLEY, DVM  
SUPERVISORY ANIMAL CARE SPECIALIST  
NORTHEAST SECTOR REAC (AC)

**CONTINUATION SHEET FOR ANIMAL CARE INSPECTION REPORT (S)**  
(APHIS FORMS 7004 and 7008)

1. LICENSEE OR REGISTRANT AND NUMBER <b>KATHY + ALLEN BAUCK</b>	2. LIC. OR REG. NO. <b>41-B-159</b>	3. DATE <b>2/22/96</b>	4. PAGE <b>2 OF 2</b>
5. LOCATION OR SITE <b>RT 3 BOX 280 NEW YORK MILLS, MD. 56567</b>		6. WAYBILL NUMBER AND DATE (If Applicable.)	

7. NARRATIVE: I. Non-compliant item(s) previously identified that have been corrected; II. Non-compliant item(s) previously identified for which time remains for correction; III. Non-compliant item(s) identified this inspection; IV. Non-compliant item(s) previously identified that have not been corrected.

**I.** line 48. Veterinary Care sect 2.40 - all drugs in date

**III.** line 34. Feeding Sect 3.9(b) Two feed bowls in coker outside pens do not have covers on them and are not protected from rain/snow. Correct by 2/22/96.

line 34. Feeding Sect 3.9(b) + line 35 Watering Sect 3.10 Feeding bowls + water pails in large dog sheltered facility (east side of facility) are dirty & need to be cleaned more frequently. Correct by 2/25/96

line 46 Records Sect 2.75(a)(2) licensee is not using Record of Acquisition of Dog + Cats on Hand APHIS 7005 & Disposition Records of Dog/Cats APHIS Form 7006. Correct by 3/1/96

**IV.** line 13. Storage of Food Sect 3.1(c) - Unopened bags in garage are piled against wall

line 45 Identification Sect 2.50 - puppy pens have stickers with number of puppies but not assigned puppy numbers

*CA*

8. PREPARED BY (Signature) <i>Cathy Hovancsak</i>	9. TITLE <b>DR. CATHERINE F. HOVANCSAK Veterinary Medical Officer USDA - APHIS - REAC - AC</b>	10. DATE <b>2/22/96</b>
11. COPY RECEIVED BY (Signature) <i>[Signature]</i>	12. TITLE <i>Owner</i>	13. DATE <b>2/22/96</b>
14. REVIEWED BY (Signature) <i>[Signature]</i>	15. TITLE <b>F. MIAVA BINKLEY, DVM SUPERVISORY ANIMAL CARE SPECIALIST NORTHEAST SECTOR REAC (AC)</b>	16. DATE <b>2-27-96</b>