

Clinic Name: \_\_\_\_\_ Clinic Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Practice Type: Small Animal Large Animal Mixed

Staff Veterinarians:

Staff RVT's:

<b><u>Reception Area</u></b>	<b>Yes</b>	<b>No</b>	<b><u>Examination Room</u></b>	<b>Yes</b>	<b>No</b>	<b><u>Pharmacy</u></b>	<b>Yes</b>	<b>No</b>
Clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	Clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	Clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>
Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	Adequate refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Odor Control	<input type="checkbox"/>	<input type="checkbox"/>	Odor Control	<input type="checkbox"/>	<input type="checkbox"/>	Inventory complies w/fed. & state laws	<input type="checkbox"/>	<input type="checkbox"/>
Licenses/renewals Displayed	<input type="checkbox"/>	<input type="checkbox"/>	Well ventilated	<input type="checkbox"/>	<input type="checkbox"/>	Controlled substance records in compliance w/ fed. & state laws	<input type="checkbox"/>	<input type="checkbox"/>
Registration/renewals Displayed	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary instruments	<input type="checkbox"/>	<input type="checkbox"/>	DEA registration	<input type="checkbox"/>	<input type="checkbox"/>
			Waste receptacles (covered/enclosed)	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy license	<input type="checkbox"/>	<input type="checkbox"/>
			Well lighted	<input type="checkbox"/>	<input type="checkbox"/>	Outdated/expired drugs	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Office Area</u></b>	<b>Yes</b>	<b>No</b>	Table w/impervious surface	<input type="checkbox"/>	<input type="checkbox"/>			
Clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Laboratory</u></b>	<b>Yes</b>	<b>No</b>
Odor control	<input type="checkbox"/>	<input type="checkbox"/>	Otoscope	<input type="checkbox"/>	<input type="checkbox"/>	Microscope	<input type="checkbox"/>	<input type="checkbox"/>
Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmoscope	<input type="checkbox"/>	<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	<input type="checkbox"/>
Professional journals/ Modern texts	<input type="checkbox"/>	<input type="checkbox"/>	Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
Telephone/wireless communication	<input type="checkbox"/>	<input type="checkbox"/>	Scale	<input type="checkbox"/>	<input type="checkbox"/>	Hematology	<input type="checkbox"/>	<input type="checkbox"/>
System for maintenance Of treatment records	<input type="checkbox"/>	<input type="checkbox"/>	Sterilization equip.	<input type="checkbox"/>	<input type="checkbox"/>	Blood Chem.	<input type="checkbox"/>	<input type="checkbox"/>
						Clean/orderly/Sanitary	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>
Outside lab	<input type="checkbox"/>	<input type="checkbox"/>
Specify lab:		
<hr/>		

**Radiology**      **Yes**      **No**

Outside Facility	<input type="checkbox"/>	<input type="checkbox"/>
X-ray machine	<input type="checkbox"/>	<input type="checkbox"/>
Safety equipt.	<input type="checkbox"/>	<input type="checkbox"/>
Identify L or R	<input type="checkbox"/>	<input type="checkbox"/>
ODH registration	<input type="checkbox"/>	<input type="checkbox"/>
Clean and Orderly	<input type="checkbox"/>	<input type="checkbox"/>
Adequate filing	<input type="checkbox"/>	<input type="checkbox"/>

**Surgery**      **Yes**      **No**

Suitable for species	<input type="checkbox"/>	<input type="checkbox"/>
Clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>
Well lighted	<input type="checkbox"/>	<input type="checkbox"/>
Adequate surgery table	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>
Gas anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system (gas anesthesia, can include canisters)	<input type="checkbox"/>	<input type="checkbox"/>
Anesthetic machine cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>
Emergency drugs/instruments	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting	<input type="checkbox"/>	<input type="checkbox"/>
Resuscitation equipt.	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>
Sterilized instrum. (used only once)	<input type="checkbox"/>	<input type="checkbox"/>
Sink w/running water	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>

**Ward**      **Yes**      **No**

Clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>
Permits animals to be maintained in good health	<input type="checkbox"/>	<input type="checkbox"/>
Animal's comfortable	<input type="checkbox"/>	<input type="checkbox"/>
Adequate temp. control	<input type="checkbox"/>	<input type="checkbox"/>
Adequate room	<input type="checkbox"/>	<input type="checkbox"/>
No overcrowding	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Escape prevention	<input type="checkbox"/>	<input type="checkbox"/>
Good repair	<input type="checkbox"/>	<input type="checkbox"/>
Material easily disinfected	<input type="checkbox"/>	<input type="checkbox"/>
Fresh food & water	<input type="checkbox"/>	<input type="checkbox"/>
Food & water are contamination free	<input type="checkbox"/>	<input type="checkbox"/>

**Disposal**      **Yes**      **No**

All disposal is in accordance w/state, federal and local regulations	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

**Inspection:**

Copy given to veterinarian

Inspected by:

Comments: