

## Inspection for Rabies Quarantine Facilities and Impoundment/Shelter Facilities

Date 11-12-12 Name of Manager Misty Brown Registration No. \_\_\_\_\_  
 Name of Establishment Collin Co Animal Services Inspector David Fazzino, DVM  
 Location of Establishment 4750 Community Mailing Address 4750 Community Blvd  
 City McKinney State TX Zip Code 75071  
 Phone 972-547-7291 County Collin

**Note to Inspector: Put Yes, No, or N/A (Not Applicable) in the columns to the right of the question.**

<b>A. General - [Section 169.26(a)]</b>			
<i>Structural Strength</i>		<i>Records (cont.)</i>	
1. Is the facility structurally sound and maintained in good repair in order to protect the animals from injury, contain them, and prevent transmission of diseases?	Yes	13. Do records document animal description, impoundment and disposition dates, and method of disposition?	Yes
<i>Water and Electric Power</i>		<i>Heating</i>	
2. Does the facility have reliable and adequate electricity to comply with other requirements?	Yes	14. Are animals protected from cold and inclement weather and direct effects of wind, rain, and snow?	Yes
3. Does the facility have potable water?	Yes	15. Is auxiliary heat or bedding provided when the temperature is below 50°F?	Yes
<i>Storage</i>		<i>Cooling and Ventilation</i>	
4. Is food and bedding stored to protect them against infestation or contamination by vermin?	Yes	16. Are animals protected from any form of overheating and from direct rays of sun?	Yes
5. Is a refrigerator available for perishable foods?	Yes	17. Is there adequate ventilation to minimize drafts, odors, and moisture condensation?	Yes
<i>Waste Disposal</i>		18. Is extra ventilation, such as fans or air conditioning, provided in indoor facilities when temperature is 85°F or above?	Yes
6. Are there provisions for the removal and disposal of animal and food wastes, bedding, dead animals, and debris?	Yes	<i>Lighting</i>	
7. Are disposal facilities operated in a manner that minimizes vermin infestations, odors, and disease hazards?	Yes	19. Is lighting adequate to permit routine inspection and cleaning?	Yes
8. Is there a suitable method for rapidly and safely removing water and other liquid wastes?	Yes	20. Are primary enclosures situated to protect the animals from excessive illumination (man-made or natural)?	Yes
<i>Washrooms and Sinks</i>		<i>Construction</i>	
9. Are there facilities (washrooms, basins, or sinks) for employees to wash their hands?	Yes	21. Is the facility constructed to protect the animals and not create a health risk or public nuisance?	Yes
<i>Management</i>		22. Are building surfaces constructed of nonabsorbent materials that can be readily sanitized?	Yes
10. For facilities (quarantine, impoundment, and shelters) located in a county with a population of 75,000 or over (only), in accordance with Chapter 823.003:		23. Is the floor made of durable, nonabsorbent material?	Yes
a. Are animals separated by species and by sex?	Yes	<i>Primary Enclosures</i>	
b. Are animals of relatively the same size sharing cages/pens?	Yes	24. Are primary enclosures maintained in good repair, impervious to moisture, and readily sanitized?	Yes
c. Are sick or injured animals segregated from healthy animals?	Yes	25. Do primary enclosures enable the animal to remain dry and clean and protect the animal's feet and legs from injury?	Yes
11. For facilities (quarantine, impoundment, and shelters) located in a county with a population of 75,000 or over (only), in accordance with Chapter 823.005:		26. Do the cages and kennels provide enough space for each animal to be in comfortable, normal positions?	Yes
Has the governing body of the city or county in which the shelter is located established an advisory committee to assist in compliance with Chapter 823?	Yes	<b>B. Feeding - [Section 169.26(b)]</b>	
<i>Records</i>		27. Are dogs and cats fed at least once a day and have convenient access to clean food?	Yes
12. Does the facility keep records on each animal?	Yes	28. Is food free from contamination, wholesome, palatable, and nutritious?	Yes

Inspector Initials:

Date:

Facility:

Registration No:

<b>Feeding (cont.)</b>		<b>Rabies Quarantine Facilities (Completed by TDH only) - [Section 169.27(a)]</b>	
29. Are food pans kept clean and sanitary, and if disposable food pans are used, are they discarded after each feeding?	Yes	37. Is there documentation of twice-daily observations of quarantined animals?	
<b>C. Watering - [Section 169.26(c)]</b>		<b>Rabies Quarantine Facilities (Completed by TDH only) - [Section 169.28(a)]</b>	
30. Do animals have convenient access to fresh water and is it offered at least twice daily for at least an hour?	Yes	38. Does the facility have a written Standard Operating Procedure (SOP)?	
31. Are the water bowls clean and sanitary?	Yes	39. Is the SOP specific for the facility?	
32. Do domestic ferrets have 24-hour access to water in a drinking bottle and to food?	Yes	40. Is the SOP posted?	
<b>D. Sanitation - [Section 169.26(d)]</b>		41. Is the SOP designed to ensure effective and safe quarantine procedures?	
33. Are excreta removed from primary enclosures often enough to prevent contamination of the animals (at least once a day)?	Yes	42. Do enclosures have solid walls to prevent physical contact between animals?	
34. Are primary enclosures maintained in a sanitary condition?	Yes	43. Do enclosures have tops to prevent escape?	
35. Are the building and premises kept clean?	Yes	44. Do quarantine runs, cages, or rooms have "Rabies Quarantine" signs posted?	
<b>E. Pest Control - [Section 169.26(e)]</b>			
36. Is there a regular program in place for control of insects, ectoparasites, and other pests?	Yes		

This facility has approximately 49 cat cages & 76 dog cages/pens.

When the facility was inspected today, it was housing approximately 58 cats & 92 dogs.

**Inspector Comments:**

*There are more animals present than caging due to the presence of several litters of each (housed by litter). This facility is extremely well run and well maintained.*

**Rating:** Satisfactory  Unsatisfactory \_\_\_\_\_ Probation \_\_\_\_\_

If applicable, timeline for probationary period \_\_\_\_\_

**As the inspector, I certify that I have personally inspected this facility and that it conforms to the statements above.**

*David Lopez*  
Inspector

11-12-12  
Date

*David Lopez, DVM*  
Manager  
*David Lopez, DVM*  
Regional Veterinarian

\_\_\_\_\_  
Date  
11-12-12  
Date



Zoonosis Control Group  
9/04 Stock No. Z-3