

VETERINARY QUARANTINE FACILITY INSPECTION CHECKLIST

1.0 General information

- 1.1 Name of Quarantine facility.....
- 1.2 Address of facility.....
- 1.3 Postal Address.....Tel No.....Fax.....Email.....
- 1.4 Registration number of the facility.....
- 1.5 Type of Quarantine facility.....

2.0 Ownership of the facility

- 2.1 Type of ownership.....
- 2.2 Name of owner/owners.....
- 2.3 Percentages of shares if partnership.....

3.0 Supervision

- 3.1 Name of supervising Veterinarian.....
registration No.....date of issue.....
- 3.2 Address of the supervisor.....Tel No.....
.....fax.....Email.....

4.0 Staffing

- 4.1 Veterinarian
 - 1. Name.....Reg No.....Date of issue.....
 - 2. Name.....Reg No.....Date of issue.....
- 4.2 Paraprofessionals
 - 1. Name.....Enl No.....Date of issue.....
 - 2. Name.....Enl No.....Date of issue.....
- 4.3 Paraprofessionals Assistant
 - 1 Name..... Enl No.....Date of issue.....
 - 2. Name.....Enl No.....Date of issue.....
 - 3. Name.....Enl No.....Date of issue.....
- 4.4 Supporting staff
 - 1. Animal/bird handlers
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 - 2. Others

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5.0 Facilities

5.1 Structural facilities

- Reception rooms /compartments enclosures for incoming animals/ birds.....
- Number of rooms /compartments enclosures for keeping animals/birds.....
- Rooms /compartments enclosures for sick birds/animals.....
- Feeding and storage facilities.....
- Power and water supply.....
- Cages for larger and small animals...
- Stalls for large animals.....
- Restraining facility.....
- Availability of perches/swings/ boxes.....
- Drainage system available.....
- Is the structure constructed so that it is easy to clean.....
- Toilet facilities.....

5.2. Equipment

- Feeding troughs.....
- Drinking equipments-----
- Refrigerator.....
- Cool box.....
- Transport facility.....

5.3 Records and books

- Treatment records.....
- Clients records.....
- Financial record.....
- Reference books.....

5.4 Medicines and biologicals

- Stocks availableadequate/not adequate
- Storage facilities..... available/not available
- Records.....available/not available

6.0 Recommendations

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- 1. Name of inspector..... Signature.....
- 2. Name of inspector..... Signature.....
- 3. Name of inspector..... Signature.....

Name of owner/supervisor.....Signature.....

Date of inspection.....

NB This form must be filled in triplicate, one copy must given to the owner or supervisor of the facility, the other should remain with the inspector and the original be sent to the Registrar VCT.