

**Oklahoma State Board of Commercial Pet Breeders  
Facility Inspection**

LICENSE # 00005

**Personal Information**

Inspected By:		Date	Time
Last Name <u>Hammer</u>		<u>5/24/12</u>	<u>1:00 PM</u>
First Name	Phone	Caretaker	
<u>Kerrie Hammer</u>			
Address <u>2004 W 510 Rd.</u>			
City	State	Zip Code	
<u>Pryor</u>	<u>OK</u>	<u>74361-9088</u>	

**Kennel Name**

Name	Kennel Name	No. Buildings	No. of Pets	No. Intact Females
<del>XXXXXXXX</del> <u>Donald Rullen</u>	<u>Blue Man Dogs</u>	<u>2</u>	<u>2</u>	<u>23</u>

**Rules Violation**

Question	Rules Violation	Yes	No
1. All pets over 4 months old have current rabies vaccinations?	310:599-3-9.1	Yes	No
2. All pets have had an annual examination by a licensed Vet?	532:15-3-5	Yes	No
3. All pets are properly groomed by species or breed?	532:15-3-6	Yes	No
4. All pets are properly exercised by species?	532:15-3-7	Yes	No
5. Facility is structurally sound in accordance to the rules?	532:15-3-2	Yes	No
6. All pets have access to potable water?	532:15-1-1.a	Yes	No
7. Food & Water receptacles are accessible and clean?	532:15-1-1.c	Yes	No
8. Adequate running water and electric to facility?	532:15-3-2.e	Yes	No
9. Food is properly stored?	532:15-1-1.d	Yes	No
10. Housing facility clean and free of hazards?	532:15-3-2.a	Yes	No
11. Surfaces are clean?	532:15-3-2.e	Yes	No
12. Wire flooring covered by 25%?	532:15-3-2.c	Yes	No
13. Ventilation is sufficient for indoor facilities?	532:15-3-2.d	Yes	No
14. Outdoor flooring is clean and free of hazards?	532:15-3-2	Yes	No
15. Housing facilities are free of trash, waste overgrown plants?	532:15-3-2g	Yes	No
16. Facility follows an adopted pest control plan?	532:15-3-2.h	Yes	No
17. Facility has proper lighting?	532:15-3-2.i	Yes	No
18. Facility has proper temperature control?	532:15-3-2.b	Yes	No
19. Facility has proper shade and cover?	532:15-3-2.b	Yes	No
20. Facility has proper kennel spaces for pets?	532:15-3-2.a	Yes	No
21. Facility has 6 or less animals per enclosure?	532:15-3-2.a	Yes	No
22. All stacked enclosures have adequate barriers between?	532:15-3-2.d	Yes	No
23. Facility has proper drainage of sewage and waste?	532:15-3-4.d	Yes	No
24. Facility has proper documented quarantine plan?	532:15-3-8	Yes	No
25. Facility has proper facilities for caretakers?	532:15-3-10	Yes	No
26. Facility has sufficient caretakers at facility?	532:15-3-10	Yes	No
27. Facility has documented Euthanasia protocol?	532:15-3-11	Yes	No
28. Facility uses a proper permanent ID protocol?	532:15-3-11	Yes	No
29. Keeps proper records in accordance with the Act and Rules?	532:15-7-1	Yes	No
30. All pets are housed with compatible breeds or species?	532:15-3-2.j	Yes	No
31. Breeder sanitizes at least once a week?	532:15-3-4.c	Yes	No
32. All pets appear to be in good physical condition?		Yes	No

PK