



Veterinary Inspection Report

The Animal Welfare Act 2006

The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 as amended

Licensing Team

Regulatory Services, Rugby Borough Council, Evreux Way, Rugby, CV21 2RR

Tel: 01788 533884

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TO BE COMPLETED BY THE VETERINARY SURGEON AT THE TIME OF INSPECTION

Applicant Name:			
Date and Time of Inspection:			
Address:			
Telephone Number:			
Breed/s of Dog at the Premises:			
Total number of dogs on the premises:	MALE		FEMALE
Total number of dogs and/or bitches suitable for breeding on the premises (over 1 year and under 8 years old):			
Are you satisfied all dogs have been routinely vaccinated against: <ul style="list-style-type: none"> • Canine Distemper • Infectious Canine Hepatitis • Leptospirosis • Canine Parvovirus 	YES		NO
If no, is a vaccination update required?			
Are there appropriate precautions in place to prevent the control of parasites: <ul style="list-style-type: none"> • Worming • Ectoparasite control 	YES		NO
Have any injured or sick dogs been identified during the inspection?	YES	NO	If yes, please give details:

Inspection of Canines Present (breeding stock and puppies if present):				
Name	DOB	SEX	Microchip no.	Any abnormalities found on clinical exam

Additional Notes / Welfare Concerns:

I hereby confirm that I have examined the animals detailed above as requested and my findings are as shown.

Signed:	
Print name:	
Date:	
Veterinary Practice Address:	