



Kansas Department of Agriculture
 Division of Animal Health
 Animal Facility Inspection Program
 Foster Care Home Inspection Form

Date: _____

Initial Inspection:

Annual Inspection:

Sponsoring Shelter Name: _____ Sponsoring Shelter License Number: _____

Foster Name: _____ Foster Phone Number: _____

Foster Care Home Address: _____
Street City State Zip

Animals on Hand:

Personal Pets	Adult Dogs	Puppies	Adult Cats	Kittens

* Please record the date of birth (if known), or age deemed by a veterinarian, of each dog or cat that is currently unaltered on the premises:

- Yes No The facility is of sound structure and surfaces can be easily cleaned and sanitized according to K.A.R. 9-18-10.
- Yes No Surfaces within the facility are free of any rough or jagged edges that may be injurious to the animal.
- Yes No The facility is clean and sanitary in all areas of the facility in which animals are/will be housed according to K.A.R. 9-18-14.
- Yes No Each foster animal housed or potential animals that will be housed have adequate space according to K.A.R. 9-18-13 Primary enclosures.
- Yes No The facility has adequate means of keeping dogs and/or cats cool in the summer and warm in the winter.
- Yes No The facility has adequate lighting and access to water and electricity for proper animal husbandry practices.
- Yes No The facility has proper feeding and watering techniques according to K.A.R. 9-18-17.
- Yes No All animals on the premises seem to be of good health and appearance. (Mark yes if there are no animals present, and please make a notation of "no animals present")

If any of the above statements were marked as "no", then the inspection would result in a fail. A foster care provider must pass their initial inspection before a foster license is issued. A failed inspection results in a re-inspection of the facility to determine compliance or non-compliance items must be corrected during the inspection and noted on the inspection form to prove compliance for a passing inspection.

Foster Signature _____ Date _____

Shelter or Rescue Network Manager Signature _____ Date _____