U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANIMAL CARE INSPECTION REPORT

1. LICENSE NO. OR REGISTRATION NO.: 41-B-159
PAGE 1 OF 2

2. DATE OF INSPECTION: 2/22/96
4. TIME: 10:00AM

5. DATE OF LAST INSPECTION: 3/29/95
6. TIME: 10:45AM

☒ Routine ☐ Reinspection ☐ Pre-license ☐ Attempted ☐ Other

7. NAME AND MAILING ADDRESS OF LICENSEE OR REGISTRANT
KATHY + ALLEN BAUCK
RT 3 BOX 280
NEW YORK MILLS, MN 56567

8. ADDRESS OF PREMISES AT TIME OF INSPECTION (If different than item 7)

STANDARDS AND REGULATIONS

	DOGS	CATS	GUINEA PIGS	HAMSTERS	RABBITS	PRIMATES	MARINE MAMMALS	OTHER			
	440A 287P A			B	C	D	E	F			
9. NO. OF ANIMALS INSPECTED	727										

"X" If in compliance; CIRCLE Non-compliant items (explain on APHIS FORM 7100, Continuation Sheet); NA If not applicable; NS If not seen.

			DOGS	CATS	GUINEA PIGS	HAMSTERS	RABBITS	PRIMATES	MARINE MAMMALS	OTHER			
FACILITIES	GENERAL	10. Structure and Construction	X	3.1	3.25	3.25	3.50	3.75	3.101	3.125			
		11. Condition and Site	X	3.1				3.75	3.101				
		12. Surfaces & Cleaning	X	3.1				3.75	3.101				
		13. Utilities/Washrooms/Storage	(3.1)	3.1	3.25	3.25	3.50	3.75	3.101	3.125			
		14. Drainage and Waste Disposal	X	3.1	3.25	3.25	3.50	3.75	3.101	3.125			
	INDOOR	15. Temperature/Ventilation/Lighting	X	3.2	3.26	3.26	3.51	3.76	3.102	3.126			
		16. Interior Surfaces	X	3.2	3.26	3.26	3.51		3.101				
		17. Drainage							3.101	3.126			
	SHELTERED	18. Temperature/Ventilation/Lighting	X	3.3				3.77					
		19. Shelter from elements	X	3.3				3.77					
		20. Surfaces	X	3.3									
		21. Capacity/Perimeter fence/Barrier						3.77					
	OUTDOOR	22. Restrictions or Acclimation	X	3.4	3.27	3.27		3.78	3.103				
		23. Shelter from elements	X	3.4	3.27		3.52	3.78	3.103	3.127			
		24. Drainage			3.27		3.52			3.127			
		25. Construction	X	3.4	3.27			3.78	3.101				
		26. Capacity/Perimeter fence/Barrier						3.78	3.101	3.125			
	MOBILE	27. Temperature/Ventilation/ Lighting	NA	3.5				3.79					
		28. Public Barrier						3.79					
PRIMARY ENCLOSURE		29. General Requirements	X	3.6	3.28	3.28	3.53	3.80	3.104	3.125			
		30 Space & Additional Requirements	X	3.6	3.28	3.28	3.53	3.80	3.104	3.128			
		31. Protection from Predators	X	3.6	3.25	3.25	3.52	3.80	3.101	3.125			
ANIMAL HEALTH AND HUSBANDRY		32. Exercise and Socialization	X										
		33. Environment Enhancement						3.81					
		34. Feeding	(3.9)	3.9	3.29	3.29	3.54	3.82	3.105	3.129			
		35. Watering	(3.10)	3.10	3.30	3.30	3.55	3.83	3.106	3.130			
		36. Cleaning and Sanitation	X	3.11	3.31	3.31	3.56	3.84	3.107	3.131			
		37. Housekeeping and Pest Control	X	3.11	3.31	3.31	3.56	3.84	3.107	3.131			
		38. Employees	X	3.12	3.32	3.32	3.57	3.85	3.108	3.132			
		39. Social Grouping and Separation	X	3.7	3.33	3.33	3.58		3.109	3.133			
TRANSPORTATION		40. Primary Enclosure	NS	3.14	3.36	3.36	3.61	3.87	3.113	3.137			
		41. Primary Conveyance	NS	3.15	3.37	3.37	3.62	3.88	3.114	3.138			
		42. Food and Water	NS	3.16	3.38	3.38	3.63	3.89	3.115	3.139			
		43. Care in Transit	NS	3.17	3.39	3.39	3.64	3.90	3.116	3.140			
		44. Handling during Transportation	NS	3.19	3.41	3.41	3.66	3.92	3.118	3.142			

45. Identification - 2.38 & (2.50)
46. Records & Holding Period - 2.35, .38, (.75-.78), .101, .132 & .133
47. Handling - 2.38 & ~~3.83~~
48. Veterinary Care - 2.33, 2.40, & 3.110
49. IACUC - NA
50. Personnel Qualifications - NA
51. Other items? YES (If yes, see continuation sheet) NO

52. PREPARED BY (Signature and title)
Cathy Hovancsek
DR. CATHERINE F. HOVANCSEK
Veterinary Medical Officer
USDA - APHIS - REAC - AC
53. DATE 2/22/96

54. COPY RECEIVED BY (Signature and title)
55. DATE 2/22/96

56. REVIEWED BY (Signature and title)
MAVA BINKLEY, DVM
SUPERVISORY ANIMAL CARE SPECIALIST
NORTHEAST SECTOR REAC (AC)
57. DATE 2-27-96

APHIS FORM 7008 (FEB 93) (Previous edition may be used.) U.S.GPO:1994518-421/80282 PART 1 - SECTOR OFFICE