

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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VETBOARD.AZ.GOV

PREMISES INSPECTION REPORT

Premises Name: _____ Premises No: _____

Premises Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____
State: _____ Zip: _____

Telephone: (____) _____ Business Hours: _____

Responsible Veterinarian: _____ License No: _____

REASON FOR INSPECTION

| | | | |
|-------------------------|---------------------|-----------|----------------|
| New Premises | New Responsible Vet | New Owner | Address Change |
| Scope of Service Change | Complaint | Random | Other: |

PREMISES TYPE

| | | | | |
|---|---------------------------------------|--|-------------------------|------------------|
| Clinic/Hospital | Mobile Unit | | Mobile Clinic | |
| <i>FOR INSPECTOR USE: (if applicable)</i> | Spay/Neuter – primary service offered | Vaccinations - primary service offered | Emergency Clinic – 24hr | Specialty Clinic |

TYPE OF PRACTICE

| | | | | |
|--------------|--------------|-------|--------|--------|
| Small Animal | Large Animal | Avian | Exotic | Other: |
|--------------|--------------|-------|--------|--------|

SERVICES OFFERED

| | | | | |
|---|----------|---------------------------------|----------|----------------------------|
| Housing (Definition: animals contained in a compartment) | Surgery | Diagnostics including Radiology | Pharmacy | Emergency 24/7 Not 24/7 |
| Overnight Hospitalization | Boarding | Transportation | Other: | |

BUILDINGS AND GROUNDS

| | | | |
|--|--------------------------------|-----------------|----|
| 1. a) Is there a sign identifying the premise? | R3-11-701 (2) | Yes | No |
| b) If open after dusk, is sign illuminated? | R3-11-701 (2) | Not Open Yes | No |
| 2. Are the hours of operation posted? | R3-11-701 (2) | Yes | No |
| 3. Are premise entrances and exits safe and unobstructed? | R3-11-703 (1) | Yes | No |
| 4. Are the grounds and premise free from refuse? | R3-11-703 (2) | Yes | No |
| 5. Is the temperature ventilation comfortable (65° F - 90° F) | R3-11-703 (3) | Yes | No |
| 6. Are floors, counters, tables and other equipment made of non-porous material that can be sanitized? Is the facility in clean condition? | R3-11-701 (3) R3-11-703 (4) | Yes | No |
| 7. Is there a working scale available? | R3-11-701 (9) | Yes | No |

EMERGENCY CARE

| | | | |
|--|---------------|-----|----|
| 1. Does the facility provide after hours emergency care? | R3-11-502 (B) | Yes | No |
| 2. Are there provisions to direct clients to emergency care when the vet is not available, including address and phone number of facility? <small>(Phone & Name only required for livestock)</small> | R3-11-502 (B) | Yes | No |
| 3. Are copies of medical records and radiographs released to the animal owner or current treating vet if requested in required timeframes? | R3-11-501 (8) | Yes | No |

PRACTICE MANAGEMENT

| | | | |
|---|---------------|---|----------------------------|
| 1. Are estimates of the cost of services provided to the owner? <small>(except livestock)</small> | R3-11-502 (C) | No Verbal | Written |
| 2. Is there written notice to the owner that trained personnel will not attend boarded or hospitalized animals beyond regular office hours? | R3-11-502 (A) | No Signed Form Extra: Posted Sign | |
| 3. Is the client's signed permission received prior to surgery or general anesthesia administered? <small>(except livestock)</small> Or verbal w/witness? | R3-11-502 (H) | Yes | No |
| 4. Are hospitalized/surgical patients provided with discharge instructions? Is it documented that verbal or written instructions were provided? | R3-11-502 (E) | Yes Verbal | No Written Yes No |
| 5. a) How is the animal owner's permission for euthanasia obtained? | R3-11-502 (F) | Verbal | Written |
| b) If verbal, is permission witnessed by 1 other person? | R3-11-502 (F) | Yes | No |
| 6. Are the rules and statutes available? | Yes | No | Internet Access |
| 7. For "Random" inspections: Is the premise license (or current renewal license) maintained in the premise for which it is issued? | R3-11-104 | Yes | No |

EXAMINATION ROOMS

| | | | |
|---|---------------|-----|----|
| 1. Are the exam tables made of non-porous material? | R3-11-701 (3) | Yes | No |
| 2. What disinfectant is used in the exam rooms? | | | |

HOUSING

| | | | |
|--|---------------|-----|----|
| 1. Are there individual cages, compartments & kennel runs with latches that allow for patient comfort? | R3-11-701 (7) | Yes | No |
| 2. Are cages sanitized at least once per 24 hours when housing an animal & when animal vacates the cage? | R3-11-703 (5) | Yes | No |
| 3. Is there a separate isolation area/procedure for suspected or diagnosed contagious animals? | R3-11-502 (G) | Yes | No |

SURGERY

| | | | |
|---|-------------------|-----|----|
| 1. How many surgery packs are available? | | | |
| 2. Are instruments and supplies properly sterilized, including drapes and sponges? | R3-11-704 (2) | Yes | No |
| 3. Are caps, masks, and sterile gloves and gowns available? | R3-11-704 (1) | Yes | No |
| 4. Is oxygen available for animals receiving general anesthesia? | R3-11-704 (3) | Yes | No |
| 5. Is there a surgery light? | R3-11-704 (5) | Yes | No |
| 6. Is emergency lighting available? | R3-11-704 (6) | Yes | No |
| 7. Have all expired supplies been removed? | R3-11-502 (D) | Yes | No |
| Expired items: | | | |
| 8. Are there procedures in place to visually monitor the patient's recovery until extubation and the animal is able to swallow? | R3-11-502 (H) (4) | Yes | No |
| 9. Is there an anesthesia log and does it contain the following? | R3-11-502 (H) (5) | Yes | No |
| a) The animal's name and species? | | Yes | No |
| b) The name of the animal owner? | | Yes | No |
| c) The date of administration of anesthesia? | | Yes | No |
| d) The recovery status of the animal? | | Yes | No |
| e) The name of the veterinarian? | | Yes | No |

CONTROLLED SUBSTANCES

| | | | |
|--|-------------------|-----|----|
| 1. Are controlled substances locked up except when personnel authorized by the responsible veterinarian are present, including refrigerated controlled substances? | R3-11-805 (A) | Yes | No |
| 2. A) Have the expired controlled substances been removed? | R3-11-502 (J) (2) | Yes | No |
| B) If expired controlled substances are present, has DEA been contacted? | | Yes | No |
| 3. Is there a separate controlled substance inventory log on the premise that has each drug name and strength separated containing the following? | R3-11-502 (K) (2) | Yes | No |
| a) Name of the controlled substance? | | Yes | No |
| b) Strength of the controlled substance? | | Yes | No |
| c) Date received by the veterinarian? | | Yes | No |
| d) Amount received by the veterinarian? | | Yes | No |
| e) Name of distributor? | | Yes | No |
| f) Invoice number? | | Yes | No |
| | | | |
| 4. Is there a separate controlled drug dispensing or administration log on the premise containing the following? | R3-11-502 (K) (3) | Yes | No |
| a) Name of each controlled substance? | | Yes | No |
| b) Strength of each controlled substance? | | Yes | No |
| c) Amount of each controlled substance? | | Yes | No |
| d) Name of animal? | | Yes | No |
| e) Name of animal owner? | | Yes | No |
| f) Date dispensed/administered? | | Yes | No |
| g) Name of veterinarian who dispensed/administered? | | Yes | No |
| h) Records decrement of amounts used & balance? | | Yes | No |
| 5. Whose DEA number is used for purchasing controlled substances? | | | |

PHARMACY

| | | | | |
|---|------------------|----------|----------------|------------|
| 1. How is the owner notified that some prescriptions only and controlled products may be available at a pharmacy? | R3-11-801 (A) | Verbally | Visibly Posted | Written |
| 2. Are drugs stored per manufacturer's requirements? | R3-11-502 (I) | Yes | No | |
| 3. How are prescriptions provided? | R3-11-801 (B) | Rx pad | phone | electronic |
| 4. Are childproof containers available? | R3-11-803 (A)(B) | Yes | No | |
| 5. Are there labels? Do they contain the following: | R3-11-802 | Yes | No | |
| a) Dispensing veterinarian's name, address (premise) and phone #? | 32-2281(A)(1)(a) | Yes | No | |
| b) The date the drug was dispensed? | 32-2281(A)(1)(b) | Yes | No | |
| c) The animal's name and owner's name? | 32-2281(A)(1)(c) | Yes | No | |
| d) The name, strength and quantity of the drug? | 32-2281(A)(1)(d) | Yes | No | |
| e) Directions for use and precautionary statements? | 32-2281(A)(1)(d) | Yes | No | |
| 6. Are prescription-only drugs stored in an area not accessible to the public unless accompanied by staff / veterinarian? | R3-11-805 (B) | Yes | No | |
| 7. Have expired prescription-only drugs been destroyed/returned within 30 days of expiration or returned to the distributor/manufacturer, including bathing products? | R3-11-502 (J)(2) | Yes | No | |

MEDICAL RECORDS

| | | |
|---|-----------------------|---|
| 1. Number of medical records reviewed. Do they contain the following? | | |
| 2. Owner name, address and phone number? | R3-11-502 (L)(1) | Yes No |
| 3. Description (or color photo), sex, breed, weight, and age of the animal? | R3-11-502 (L)(2) | Yes No |
| 4. Date of veterinary medical service? | R3-11-502 (L)(3) | Yes No |
| 5. Results of exam, including TPR and general condition? <small>(except for livestock & other defined situations/species)</small> | R3-11-502 (L)(4) | Yes No |
| 6. Animal's tentative or definitive diagnosis? | R3-11-502 (L)(5) | Yes No |
| 7. Treatment provided to the animal? | R3-11-502 (L)(6) | Yes No |
| 8. Name of each medication administered, including concentration, amount, frequency and route of administration? | R3-11-502 (L)(7) | Yes No |
| 9. Name of each medication prescribed, including concentration, amount and frequency? | R3-11-502 (L)(8) | Yes No |
| 10. Name and result of each diagnostic and laboratory test conducted? | R3-11-502 (L)(9) | Yes No |
| 11. Signature or initials of the person making the entry in the medical record? Same for vet providing services? | R3-11-502 (L)(10)(11) | Staff: Yes No Vet: Yes No |
| 12. Within 6 hours of an anesthesia or surgery, an exam including, the animal's TPR, general condition, and diagnosis? <small>(exceptions defined)</small> | R3-11-502 (H)(2) | Yes No |
| 13. A HR and RR recorded immediately after anesthesia is administered and monitored and recorded every at least every 15 minutes thereafter? <small>(exceptions defined)</small> | R3-11-502 (H)(3) | Yes No |
| 14. Is the owner given after care instructions for surgical/hospitalized animal? Is it documented in the record? | R3-11-502 (E) | Verbal Written Documented in record? |

MEDICAL RECORDS REVIEWED

| Owner name | Animal name | TPR | Exam Results | Diag | Treat | Med Admin/RX | Lab Results | Initial/Sign | Sx Exam | Sx Monitor |
|------------|-------------|-----|--------------|------|-------|--------------|-------------|--------------|---------|------------|
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |

MOBILE CLINICS

Designed to function as a self-contained clinic - R3-11-101 (17)

The following are *additional* requirements for mobile clinics

| | | | |
|---|------------------|-----|----|
| 1. Electrical power source? | R3-11-705 (B)(1) | Yes | No |
| 2. Storage space for biohazardous waste pending disposal pick-up? | R3-11-705 (B)(2) | Yes | No |
| 3. A separate storage space for transportation of deceased animals? | R3-11-705 (B)(3) | Yes | No |
| 4. Vehicle license number? | | | |
| 5. List any other premises used. | | | |

MOBILE UNITS

Not designed to function as a self-contained clinic from which out-patient services are delivered to temporary sites R3-11-101 (18)

| | | | |
|---|---------------|-----|----|
| 1. List the fixed premise address for the mobile unit. | | | |
| 2. List any other premises used. | | | |
| 3. Are controlled substances and prescription-only drugs accessible only by authorized personnel? | R3-11-706 (1) | Yes | No |
| 4. Drugs and products are stored at temperatures according to manufacturer's labeling? | R3-11-706 (2) | Yes | No |
| 5. Sterile surgical supplies and equipment are stored to maintain sterility? | R3-11-706 (3) | Yes | No |
| 6. Vehicle license number? | | | |
| 7. List surgeries and procedures performed at other premise(s). | | | |
| 8. List surgeries conducted in the field. | | | |

