

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, SUITE 4600, PHOENIX, AZ 85007

PHONE (602) 364-1738 ♦ FAX (602) 364-1039

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	
FOR INSPECTOR USE: (if applicable)	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 stray dogs/cats scanned for microchip & is reasonable effort made to contact owner?	A.R.S. 32-2239.02	Yes	No
7. Are the Administrative Rules and statutes available?	Yes	No	Internet Access
8. 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? What process exists for potentially contagious animals?			

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? B) How are controlled substances disposed?	R3-11-502 (J) (2)	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	

Expired Controlled Substance/Pharmacy Item Name	Expiration Date	Amount

RADIOLOGY

1. Are radiographs permanently labeled with the following:	R3-11-502 (M)	Yes	No
A) Name of animal owner?		Yes	No
B) Name of animal?		Yes	No
C) Date radiograph was taken?		Yes	No
D) Name of vet or veterinary premise?		Yes	No
E) Anatomical orientation?		Yes	No

SANITATION

1. a) Is there a refrigerator/freezer for animals pending necropsy or disposal pick-up?	R3-11-701 (5)	Yes	No
b) Name of crematory used:			
R3-11-1001 c) Types offered: private individual communal called by another name?			
2. Is there storage and disposal for hazardous waste?	R3-11-701 (6)	Yes	No
3. Is there hot and cold water? (32°F to 212°F)	R3-11-701 (4)	Yes	No

EQUIPMENT

A Responsible Veterinarian shall ensure that equipment and supplies are available on the veterinary medical premises of an adequate number and type to provide the veterinary medical services that are offered at the veterinary medical premises.	R3-11-702	Vet Initials (if available)
---	-----------	--------------------------------

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.			

Arizona State Veterinary Medical Examining Board
PREMISES INSPECTION RESULTS

Premises #: _____

Applicable Administrative Rule or AZ Statute	POTENTIAL VIOLATIONS

The undersigned was given a copy of the inspection results and the compliance inspector discussed the inspection results with the undersigned.

Inspector: _____ Date: _____

Veterinarian/agent: _____ Date: _____

PLEASE SEND YOUR WRITTEN PLAN FOR CORRECTING THE ABOVE REFERENCED ITEMS TO OUR OFFICE BY _____ FOR THE BOARD MEETING ON _____.

INCLUDE: _____ Copy of _____ medical records; _____ Copy of _____ pages of anesthesia log; _____ Copy of controlled drug inventory log; _____ Copy of controlled drug dispensing log; Other: _____

You may mail, fax, or email this information to the Board's Office at:

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
 1740 W. Adams Street, Suite 4600, Phoenix, AZ 85007
 Phone (602) 364-1738 • FAX (602) 364-1039
 vetboard.az.gov

Annelise.VanSchoelandt@vetboard.az.gov Todd.Mannon@vetboard.az.gov Victoria.Whitmore@vetboard.az.gov

Inspection criteria is generalized and not all aspects or requirements may be required for the scope of the practice you provide.