



## ANIMAL WELFARE BOARD OF INDIA

(Ministry of Environment & Forests, Govt. of India)

13/1, Third Seaward Road, Valmiki Nagar,

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### INSPECTION REPORT IN RESPECT OF THE SCHEME FOR BIRTH CONTROL AND IMMUNIZATION OF STRAY DOGS

Date of Inspection : \_\_\_\_\_

AWBI File No. : \_\_\_\_\_

1. Name and Address of the Organisation :  
(Phone No./Fax No. with STD Code/  
Email ID)
  
2. Is the Organisation recognized by  
AWBI. If so, Code No.
  
3. Do you get grant from AWBI/Ministry :  
If so, details yearwise/scheme wise  
for the last 3 years
  
4. What are the activities of the  
organization in the field of animal  
welfare with details
  
5. If the organization has already been  
conducting the programmes of Birth  
Control and Immunization of stray  
dogs and if so, what is the average  
number of dogs sterilized and/or  
immunized per month during preceding  
three years giving break up of dogs  
and bitches separately
  
6. In case the organization possesses  
a shelter house, what is the number  
of kennels for keeping the stray dogs

7. Does the organization possess any vehicle or ambulance for collecting and releasing the stray dogs and if so give details of the vehicle/ ambulance indicating its capacity carrying of the number of dogs
  8. If the organization possess a dispensary and/or operation theatre for conducting sterilization of dogs, give details thereof
  9. Whether preparatory/pre-anesthetic room is available
  10. Whether post operative care existing or not
  11. If the organization possess the requisite medical equipment and medicines for conducting the programme of sterilization and immunization of dogs, give details of such equipment and medicines
  12. If the organization has appointed veterinary/surgeon, indicate their number, their veterinary qualifications, nature of appointment (In-house/full time/part time), period of appointment, duty hours, salary structure, etc in details
  13. What are the Para-veterinary and other staff appointed by the organization giving details about their nature of appointment, period of appointment, duty hours, salary structure etc.
  14. If the organization has appointed trained dog handlers/don
- salary structure etc. in details

15. What are the means adopted by the organization for catching the stray dogs :
16. Whether the AWO is catching the dogs or the local authority(specify) is supplying the dogs, give details :
17. How long the Organisation retains the dogs in its custody for post-operative care and treatment. Indicate separately for dogs and bitches :
18. What feed is given to the dogs during pre-operative and post-operative periods and if the dogs are provided with processed food, how it is processed and what are the quality of food and timings of feeding :
19. Whether the records regarding collection of dogs, de-bugging, sterilization, immunization, release, death, purchase of dressing material, syringes, suture materials and medicines etc are duly and properly maintained in the form of a running register on regular basis :
20. Doses of vaccine procured and the vouchers verified :
21. Mention the area/region covered by the Organisation for collecting the stray dogs for the purpose of conducting sterilization/immunization and census details of stray dogs serviced by AWO with the authority :
22. Whether the sterilized/immunized dogs are released in the same locality from where they are collected :

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23. What is the mortality rate of dogs during operation and post-operation period. Explain the reasons for such mortality rate
  24. If Euthanasia is administered on the dogs, explain the situations in which euthanasia is administered and reasons thereof.
  25. Details of Hygiene and sanitation of the theatre, fly proofing of the area, disposal of surgical material and incineration facility
  26. Whether the Organisation is capable of implementing/continuing the Project under the AWBI's relevant scheme
  27. Whether the Grant-in-Aid applied for is recommended for sanction/release
  28. Any other additional information and observation of the Inspecting Authority

Opinion/Recommendation of the Inspecting Authority :

States of the AWO to perform ABC	:	Excellent/Very good/Good/Poor
Recommended that the AWO	:	Should be funded/Need not be funded

Place :  
Date :

Signature of the Inspecting Authority  
\_\_\_\_\_  
Designation :