Form PS-7

ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of Animal Welfare

INSPECTION OF ANIMAL WELFARE LICENSEES

Name & Address of facility:

Name: Warren Billhartz Animal Shelter

Address: 119 United Dr

City: Collinsville Zip Code: 62234

Phone No.: 346-5213 Area Code: 618

Owner: City of Collinsville

1. Initial ☐ Routine ☒ Special ☐
2. Date of Inspection 4-4-2023
3. County Madison License No. 38-3923
4. Code: #1 PO ☐ #2 CO ☐ #3 DD ☐ #4 KO ☐ Posted? yes
   #5 AC ☒ #6 AS ☐ #7 GS ☐ #8 FH ☐
5. Person Interviewed Nate Position AC
6. Business Hours: 11-4 M-Sun

7. BUILDINGS & PREMISES: ☒ Acceptable ☐ Unacceptable
   - a. Appearance: ☒ Acceptable ☐ Unacceptable
   - b. Floor: ☒ Acceptable ☐ Unacceptable
   - c. Ventilation: ☒ Acceptable ☐ Unacceptable
   - d. Temperature: ☒ Satisfactory ☐ Unsatisfactory

8. State reason for any unacceptable or unsatisfactory in Items 7 or 9.

9. SANITATION: ☒ Acceptable ☐ Unacceptable
   - a. Dog Cages: ☒ Acceptable ☐ Unacceptable
   - b. Dog Runs: ☒ Acceptable ☐ Unacceptable
   - c. Cat Cages: ☒ Acceptable ☐ Unacceptable
   - ~~d. Bird Cages:~~ ~~☐ Acceptable ☐ Unacceptable~~
   - ~~e. Other Cages:~~ ~~☐ Acceptable ☐ Unacceptable~~

f. Floors & Walls in Animal Area are:
   Good ☒ Fair ☐ Unacceptable ☐
   Odorless ☒ Odorous ☐
   Disinfectant used? Bleach
   Drainage: Sewer X Septic ____ Filter ____
   Waste Disposal Trash service

10. ANIMALS: Number of Dogs 1 Puppies ____ Cats 2 Birds ____ Fish ____ Other ____
    - a. Appearance: Good X Fair ____ Unacceptable ____ Comment ____
    - b. Health: Good X Fair ____ Unacceptable ____ Comment ____
    - c. Care: Water X Feed ____ Comment ____
    - d. Isolation Room Yes ☒ No ☐ Comment ____

RECORDS:

11. Satisfactory? yes PS-5 Form Used? ____ Other Disclosure, Adoption, Application
12. Source of Dogs: strays, humane care, owner surrenders (sometimes)
13. Terms of Guarantee: RTD, adoption +/or transfer to other rescues
14. Veterinarian's Name & Address: Hartz Second Chance
15. How often animals seen by Veterinarian: as needed, spay/neuter, rabies
16. Medication prior to sale: vaccinate, de-worm, spay/neuter, microchip, rabies
17. Improvements Required: ____

18. REMARKS: Low-cost spay/neuter clinic in the facility; Acceptable/clean

Signature of Person Interviewed: [signature] 511

Inspector's Signature: Stacey Ballard

Note: Obtain business card or sales slip and attach to back of report.

Distribution: White - Division Office; Canary - Supervisor; Pink - Licensee

IL 406-0465 (10-95)