

ILLINOIS DEPARTMENT OF AGRICULTURE  
Bureau of Animal Welfare

INSPECTION OF ANIMAL WELFARE LICENSEES

Name & Address of facility:

Name: WARRIOR BILHARTZ Animal Shelter

Address: 119 UNITED DRIVE

City: COLLINGSVILLE, IL Zip Code: 62234

Phone No.: 316-5213 Area Code: 618

Owner: HOYT, Agoury

1. Initial  Routine  Special

2. Date of Inspection 06/13/05

3. County Madison License No. 038-3923

4. Code: #1 PO  #2 CO  #3 DD  #4 KO  Posted? Yes  
#5 AC  #6 AS  #7 GS  #8 FH

5. Person Interviewed Joseph Brouk Position ACO

6. Business Hours: 7 days (7A-5P)

- 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.  
N/A

- 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  Septic  Filter   
 Waste Disposal Trash Pail

- 10. ANIMALS: Number of Dogs 3 Puppies 0 Cats 12 Birds — Fish — Other —
- a. Appearance: Good  Fair  Unacceptable  Comment \_\_\_\_\_
- b. Health: Good  Fair  Unacceptable  Comment \_\_\_\_\_
- c. Care: Water  Feed  Comment \_\_\_\_\_
- d. Isolation Room Yes  No  Comment \_\_\_\_\_

RECORDS:

- 11. Satisfactory? Yes PS-5 Form Used? — Other —
- 12. Source of Dogs: 57 Pups Running w/ Home, owner surrender
- 13. Terms of Guarantee: open ended Life of the Animal
- 14. Veterinarian's Name & Address: Hoyt second chance
- 15. How often animals seen by Veterinarian: EMPLOYEES
- 16. Medication prior to sale: SPOY, NEXTER, Clipping Rabies, D. T. KIPPER
- 17. Improvements Required: None noted

18. REMARKS: \_\_\_\_\_

[Signature]  
Signature of Person Interviewed

[Signature]  
Inspector's Signature

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

As per [unclear] NSP [unclear] Passed!!!