Pierce County Auditor
Pierce County Animal Control Ranch Assessment Form

Inspection Date: _______________________

Owner: ______________________________  Phone: ________________________
Address: _______________________________________________________________________
Ranch Name: ___________________________________________________________________

Livestock Capacity: ___  Horses Present: ___  Other Livestock present: ___  Poultry Capacity: ___
Poultry Present: ___  Total livestock/Poultry Present: ___  Last Inspection Date: _______________________

OUTDOOR FACILITIES:

YES-NO-N/A

- Potable water supply at all times.
- Appropriate halters.
- Shelter provided.
- Drainage to enable livestock to remain dry and clean.
- Premises-Cleanliness.
- Fencing of suitable construction.
- Paddocks secure and large enough for adequate exercise.

INDOOR FACILITIES:

- Enough space for livestock to turn about freely, stand, sit and lie down.
- Floors, protect the livestock feet and legs from injury.
- Drainage to enable livestock to remain dry and clean.
- Cleaning/disinfecting/odors not detectable, Disinfected with ________________________________.
- Stall constructed in a safe manner to prevent injury to the animal.

GENERAL:

- Livestock are fed at least once a day with appropriate feed for the animal.
- Lighting/Ventilation.
- Smoke alarms/Fire extinguishers.
- Building construction structurally sound and maintained.
- Water, heat and electricity.
- Food and bedding stored in a dry area.
- Waste disposal method______________________________.
Pierce County Auditor
Pierce County Animal Control Ranch Assessment Form

Inspection Date: ________________________________

YES-NO-N/A
☐ ☐ ☐ Livestock have to be compatible if housed in same paddock.
☐ ☐ ☐ Intact males are to be housed separately.
☐ ☐ ☐ Effective program for insects, pest and parasites/disease hazards.
☐ ☐ ☐ Quarantine/treatment area separate from others.

VETERINARY CARE:
☐ ☐ ☐ A veterinarian cares for the animals that become sick, diseased, injured or lame.

Name/Address of Veterinarian: ____________________________________________________________

COMMENTS:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

IMPROVEMENTS REQUIRED:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Passed inspection: ☐ Yes ☐ No
Inspecting officer: ________________________________ Date: ________________
Vendor: ________________________________ Date: ________________

Pierce County Auditor – Animal Control
2401 S. 35th Street Room 200
Tacoma, WA 98409
(253) 798-7387