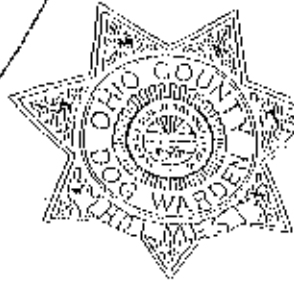




# HOLMES COUNTY DOG WARDEN



2 COURT ST., SUITE 10  
MILLERSBURG, OHIO 44654

## KENNEL INSPECTION FORM

KENNEL REQ. I.D.# 725

DATE: 11/13/07

NAME: Wayne Miller

TIME: 4:05

ADDRESS: 2251 CR70

20 dogs

PHONE: \_\_\_\_\_

|                | EXCELLENT | GOOD | SATISFACTORY | POOR |
|----------------|-----------|------|--------------|------|
| VENTILATION    |           |      |              |      |
| FECES          | ✓         | ✓    |              |      |
| URINE ODOR     | ✓         |      |              |      |
| DOG COND.      |           |      | ✓            |      |
| FACILITY COND. | ✓         |      |              |      |
| CAGES          | ✓         |      |              |      |

REMARKS:

toe nails need to be trimmed

OFFICER'S SIGNATURE: R. Tetreault



# HOLMES COUNTY DOG WARDEN



2 COURT ST., SUITE 10  
MILLERSBURG, OHIO 44654

## KENNEL INSPECTION FORM

KENNEL REQ. ID.# 725

DATE: 11/13/07

NAME: Wayne Miller

TIME: 4:05

ADDRESS: 225 LCR 70

20 dogs

PHONE: \_\_\_\_\_

|               | EXCELLENT | GOOD | SATISFACTORY | POOR |
|---------------|-----------|------|--------------|------|
| VENTILATION   |           | ✓    |              |      |
| FLECS         | ✓         |      |              |      |
| URINE ODOR    | ✓         |      |              |      |
| DOG COND.     |           |      | ✓            |      |
| FACILITY COND | ✓         |      |              |      |
| CAGES         | ✓         |      |              |      |

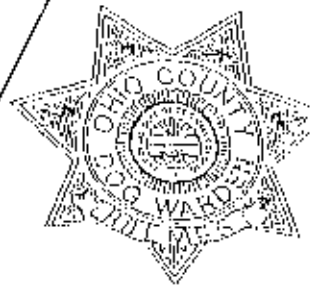
REMARKS:

toe nails need to be trimmed

OFFICER'S SIGNATURE: R. Fehreault



# HOLMES COUNTY DOG WARDEN



2 COURT ST. SUITE 10  
MILLERSBURG, OHIO 44654

*JSDA*

## KENNEL INSPECTION FORM

*left card with wife 8/14*

KENNEL REQ. I.D.# 647  
NAME: Dennis H. Miller  
ADDRESS: 5807 CR19  
PHONE: 674-0130

DATE: 10/4/07 *left message 9/17 11:00*  
TIME: 4:15 *9/28 left card with wife*  
*46 dogs*

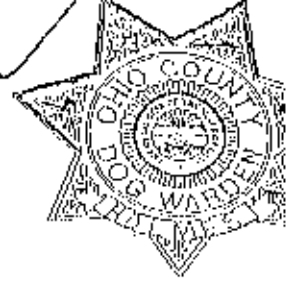
|                | EXCELLENT | GOOD                                | SATISFACTORY                        | POOR |
|----------------|-----------|-------------------------------------|-------------------------------------|------|
| VENTILATION    |           | <input checked="" type="checkbox"/> |                                     |      |
| FECES          |           | <input checked="" type="checkbox"/> |                                     |      |
| URINE ODOR     |           | <input checked="" type="checkbox"/> |                                     |      |
| DOG COND.      |           |                                     | <input checked="" type="checkbox"/> |      |
| FACILITY COND. |           | <input checked="" type="checkbox"/> |                                     |      |
| CAGES          |           | <input checked="" type="checkbox"/> |                                     |      |

REMARKS:  
*\* the nails need to be trimmed*

OFFICER'S SIGNATURE: R. Tehewit



# HOLMES COUNTY DOG WARDEN



2 COURT ST., SUITE 10  
MILLERSBURG, OHIO 44654

## KENNEL INSPECTION FORM

left door knock  
7/31/07 2:11

KENNEL REQ. I.D.# 5/29

DATE: 9-25-07

left message

NAME: Robert J. Miller

TIME: 3:45 pm

9/17/11

ADDRESS: 4270 TR 356

8 dogs

25<sup>th</sup> 8:48

PHONE: 281-3159  
(330) 674-2446

|                | EXCELLENT | GOOD | SATISFACTORY | POOR |
|----------------|-----------|------|--------------|------|
| VENTILATION    |           | ✓    |              |      |
| FECS           |           | ✓    |              |      |
| URINE ODOR     |           | ✓    |              |      |
| DOG COND.      |           | ✓    |              |      |
| FACILITY COND. |           | ✓    |              |      |
| CAGES          |           | ✓    |              |      |

REMARKS:

Keep toe nails trimmed!

OFFICER'S SIGNATURE: Joe Patton



# HOLMES COUNTY DOG WARDEN



2 COURT ST., SUITE 10  
MILLERSBURG, OHIO 44654

9/20 left door knock

## KENNEL INSPECTION FORM

KENNEL REQ. I.D.# 122

DATE: 9/25/07

NAME: John K Miller

TIME: 4:00

ADDRESS: 2370 TR 166

18 dogs

PHONE: (330) 852-2448

|                | EXCELLENT | GOOD | SATISFACTORY | POOR |
|----------------|-----------|------|--------------|------|
| VENTILATION    |           | ✓    |              |      |
| FECES          |           | ✓    |              |      |
| URINE ODOR     |           | ✓    |              |      |
| DOG COND.      |           |      | ✓            |      |
| FACILITY COND. |           | ✓    |              |      |
| CAGES          |           | ✓    |              |      |

REMARKS:

toe nails need to be trimmed

OFFICER'S SIGNATURE: R. Tebnewlt



# HOLMES COUNTY DOG WARDEN



2 COURT ST., SUITE 10  
MILLERSBURG, OHIO 44654

## KENNEL INSPECTION FORM

KENNEL REQ. I.D.# 728

DATE: 9/11/07

NAME: Eli J. Miller

TIME: 11:20

ADDRESS: 3457 CR 135

35 dogs

PHONE: 330 893-2180

|                | EXCELLENT | GOOD | SATISFACTORY | POOR |
|----------------|-----------|------|--------------|------|
| VENTILATION    |           | ✓    |              |      |
| FECES          |           | ✓    |              |      |
| URINE ODOR     |           | ✓    |              |      |
| DOG COND.      |           | ✓    |              |      |
| FACILITY COND. | ✓         |      |              |      |
| CAGES          |           | ✓    |              |      |

REMARKS:

\* toe nails need to be trimmed.

OFFICER'S SIGNATURE: R. Tremault

DATE: \_\_\_\_\_



# HOLMES COUNTY DOG WARDEN



2 COURT ST., SUITE 10  
MILLERSBURG, OHIO 44651

## KENNEL INSPECTION FORM

KENNEL REG. I.D.# 862

DATE: 11/13/07

NAME: Junior C. Voder

TIME: 8:00

ADDRESS: 3250 CR 70

13 dogs

PHONE: 330-893-2172

|               | EXCELLENT | GOOD | SATISFACTORY | POOR |
|---------------|-----------|------|--------------|------|
| VENTILATION   |           | ✓    |              |      |
| FECES         |           | ✓    |              |      |
| URINE ODOR    |           |      | ✓            |      |
| DOG COND.     |           |      | ✓            |      |
| FACILITY COND |           | ✓    |              |      |
| CAGES         |           | ✓    |              |      |

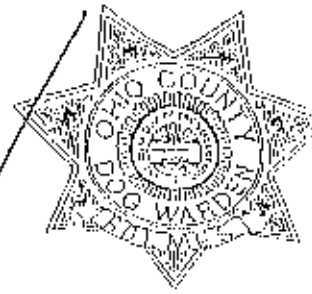
REMARKS:

Toe nails need to be trimmed.

OFFICER'S SIGNATURE: R. Tebault



# HOLMES COUNTY DOG WARDEN




2 COURT ST., SUITE 10  
MILLERSBURG, OHIO 44654

## KENNEL INSPECTION FORM

left card with  
mother 8/14

KENNEL REQ. I.D.# 905 DATE: 8/24/07

NAME: Vernon, Moses, Aden Miller 4:30 

ADDRESS: 4755 CR19  
9 dogs

PHONE: \_\_\_\_\_

|               | EXCELLENT                           | GOOD                                | SATISFACTORY                        | POOR |
|---------------|-------------------------------------|-------------------------------------|-------------------------------------|------|
| VENTILATION   |                                     | <input checked="" type="checkbox"/> |                                     |      |
| FECES         |                                     | <input checked="" type="checkbox"/> |                                     |      |
| URINE ODOR    | <input checked="" type="checkbox"/> |                                     |                                     |      |
| DOG COND      |                                     |                                     | <input checked="" type="checkbox"/> |      |
| FACILITY COND |                                     | <input checked="" type="checkbox"/> |                                     |      |
| CAGES         |                                     | <input checked="" type="checkbox"/> |                                     |      |

REMARKS:

Dogs need toe nails trimmed!

OFFICER'S SIGNATURE: B. Tetreault



# HOLLIES COUNTY DOG WARDEN



2 COURT ST., SUITE 10  
MILLERSBURG, OH IO 44654

9/20 left card

## KENNEL INSPECTION FORM

KENNEL REG. I.D.# 730

DATE: 10/1/07

NAME: Myron A. Yoder

TIME: 3:45

ADDRESS: 1979 TR 164

24 dogs

PHONE: \_\_\_\_\_

|                | EXCELLENT | GOOD | SATISFACTORY | POOR |
|----------------|-----------|------|--------------|------|
| VENTILATION    |           |      |              |      |
| FECES          |           | ✓    |              |      |
| URINE ODOR     |           | ✓    |              |      |
| DOG COND.      |           | ✓    |              |      |
| FACILITY COND. |           |      | ✓            |      |
| CAGES          |           | ✓    |              |      |

REMARKS:

\* toe nails need to be trimmed

OFFICER'S SIGNATURE: R. Tehewit