

APR 26 1995

ANIMAL CARE INSPECTION REPORT

1. LICENSE NO. OR REGISTRATION NO. **43-C-025**
 2. DATE OF INSPECTION **03-21-95**
 3. DATE OF LAST INSPECTION **UNKNOWN**
 4. TIME **11:00 A**
 5. TIME **UNKNOWN**

Routine Reinspection Pre-license Attempted Other

7. NAME AND MAILING ADDRESS OF LICENSEE OR REGISTRANT
Geoffrey Camden Circus Inc
RT 20 Box 2023
Springfield MI 49803

8. ADDRESS OF PREMISES AT TIME OF INSPECTION (if different than item 7)
DETROIT SIKINE CIRCUS
DETROIT MICHIGAN

STANDARDS AND REGULATIONS
NEGATIVE
MAR 28 1995

	A	B	C	D	E	F	G	H
DOGS								
CATS								
GUINEA PIGS								
HAMSTERS								
RABBITS								
PRIMATES								
MAMMALS								
OTHER								
Elephants								
TIGERS								
SHEEP								
COW								
HAMA								
PIGS								

9. NO. OF ANIMALS INSPECTED

*X if in compliance; CIRCLE non-compliance (explain on APHS FORM 7100, Continuation Sheet); NA if not applicable; NS if not seen.

FACILITIES	NO.	DESCRIPTION	SCORING																	
			1	2	3	4	5	6	7	8										
GENERAL	10	Structure and Construction	X																	
	11	Condition and Site	X																	
	12	Surfaces & Cleaning	X																	
	13	Utilities/Washrooms/Storage	X																	
	14	Drainage and Waste Disposal	X																	
	INDOOR	15	Temperature/Ventilation/Lighting	X																
		16	Interior Surfaces	X																
		17	Drainage	X																
	SHELTERED	18	Temperature/Ventilation/Lighting	NA																
		19	Shelter from elements	NA																
20		Surfaces	NA																	
21		Capacity/Perimeter fence/Barrier																		
OUTDOOR	22	Restrictions or Acclimation	NA																	
	23	Shelter from elements	NA																	
	24	Drainage																		
	25	Construction	NA																	
MOBILE	26	Capacity/Perimeter fence/Barrier																		
	27	Temperature/Ventilation/Lighting	X																	
	28	Public Barrier																		
PRIMARY ENCL. BURE	29	General Requirements	X																	
	30	Spec & Additional Requirements	X																	
	31	Protection from Predators	X																	
ANIMAL HEALTH AND WELFARE	32	Exercise and Socialization	3.8																	
	33	Environment Enhancement																		
	34	Feeding	X																	
	35	Watering	X																	
	36	Cleaning and Sanitation	X																	
	37	Housekeeping and Pest Control	X																	
	38	Employees	X																	
	39	Social Grouping and Separation	X																	
	TRANSPORTATION	40	Primary Enclosure	3.14																
		41	Primary Conveyance	X																
42		Food and Water	X																	
43		Care in Transit	NS																	
44		Handling during Transportation	NS																	

45. Identification - 2.38 & 2.60

46. Records & Holding Period - 2.35, 2.75, 2.76, 2.77, & 2.38, 2.101

47. Handling - 2.38, 2.81, 3.111, & 3.136

48. Veterinary Care - 2.33, 2.40, & 3.110

49. IACUC - NA

50. Personnel Qualifications - NA

51. Other items? YES (if yes, see continuation sheet) **X**

52. PREPARED BY (Signature and Title)
Ryan [Signature] UMD-REAC

53. DATE **03-21-95**

54. COPY RECEIVED BY (Signature and Title)
[Signature] Manager

55. DATE **3-21-95**

56. REVIEWED BY (Signature and Title)
Ellen J. Magid

57. DATE **4/1/95**

DR. ELLEN J. MAGID
 AREA SUPERVISOR
 NORTHEAST REGIONAL REAC (AC)