

AMBULANCE

**ANIMAL WELFARE BOARD OF INDIA
BALLABHGARH, FARIDABAD, HARYANA-121004**

**INSPECTION REPORT IN RESPECT OF THE SCHEME FOR PROVISION
OF AMBULANCE FOR THE ANIMALS IN DISTRESS**

Date of Inspection: _____

AWBI File No. _____

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| 1 | <u>General</u> | |
| 1. | Name and Address of the Organisation with pin code, nearest Railway station & Bus stand. Phone No./Fax No./E-mail | |
| 2. | Whether the organization is adequately experienced in the field of prevention cruelty to animals or welfare of animals and what are the activities undertaken by the organization in the relevant field. Details thereof. | |
| II | Details regarding the Organisation | |
| 1. | (a) Location / Site | |
| | (b) Whether any Shelter/Shed already exists and if so, number of such shelters/sheds and measurements thereof | |
| | (c) Whether an animal/bird has already been sheltered and if so, the species & number of such animals/birds. | |
| | (d) What is the average number of animals/birds rescued/sheltered per month | |
| | (e) Give details of the area / jurisdiction covered for rescue / on the spot treatment | |
| | (f) Whether proper records of such rescued/sheltered animals/birds clearly indicating | |

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| | the source, cause, date of rescue, period of sheltering, date of release/death etc. are properly and regularly maintained. | |
| 2. | (a) Whether the AWO already possess Ambulance. Details of the Vehicle & copy of the R.C. Book to be enclosed. How many K.m. per day the Ambulance is running. Whether Log Book/ Mileage Book is maintained. | |
| | (b) If the organization has appointed any driver for the vehicle/ambulance, whether the driver full time or part time basis. | |
| 3. | What is/are the first-aid medicines available in the vehicle/ambulance used. | |
| 4. | If the organization does not own the vehicle/ambulance, how does it pick up / rescue the animals | |
| 5. | What is the number of sick, injured and disabled animals rescued/sheltered, species wise and what is the monthly average number of animals provided with first-aid/medical treatment on the spot. | |
| 6. | If any dispensary exist, what are the veterinary facilities and first-aid kit or medicines and medical equipment available; Give details thereof | |
| 7. | If the organization has appointed any veterinary Doctor/ Surgeon and if so, whether the appointment is on in-house/full time/part time basis. | |
| 8. | Details of para-veterinary or other staff employed | |
| 9. | Whether any Quarantine/ observation chamber facility is available and if so, details thereof | |
| 10. | What are the sources of food/fodder for the animals/birds | |

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| | already sheltered | |
| 11. | Whether facility for adequate water supply exists and if so, indicate the source thereof | |
| 12. | Details of the grant earlier received from the Ministry/Board for the last three years | |
| 13. | Whether the Utilization Certificate and Audited Statement of Accounts are settled for earlier grants. | |
| 14. | Type of vehicle required for large or small animals | |
| 15. | Does the ambulance in possession meet the conditions of the Board | |
| III. | Remarks | |
| 1. | Whether the activities of the Organization in the field of welfare of animals are satisfactory | |
| 2. | Whether the activities justify the need for sanction of Ambulance | |
| 3. | Whether the Ambulance / Vehicle is utilized for the purpose for which it is sanctioned. | |
| 4. | Whether the previous grants from the Ministry/Board are properly utilized for Animal Welfare purpose. | |
| 5. | Whether the large/small animal ambulance is recommended | |
| 6. | Additional information, if any | |

Place:

Signature of the Inspecting Authority

Date

Name:

Designation:

