



**Kathleen Bowser, Executive Vice-President**  
**Professional Handlers' Association**  
 17017 Norbrook Drive  
 Olney, MD 20832

## Vehicle Inspection Form

**General Requirements -**

Transportation (kennel on the road) must be in an adequate vehicle that is suitable, safe, and comfortable for the breed(s) being shown.

For both applicants and members, a new inspection must be performed when a change in vehicle (e.g. acquisition of a different or additional vehicle) occurs.

**Applicant Name:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**Applicant Mailing Address:** \_\_\_\_\_  
 (City / State / Zip)

**Email:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

Type of vehicle: (circle) **Van** **Cube Truck** **Motor Home** **Trailer** **Other:** describe \_\_\_\_\_

**Note:** A separate vehicle inspection must be performed if more than one vehicle is used to transport dogs to shows  
 (Circle)

1. Is the vehicle clean and appear well maintained? **YES NO**
2. What safety equipment is on-board? (Circle those that apply)  
     Fire Extinguisher      Smoke Alarm      Temperature Alert      Carbon Monoxide Alarm      Other
3. Is the vehicle heated and/or cooled sufficiently for the dog's comfort? **YES NO**
4. Does the vehicle contain sufficient and suitable crates to house the number of dogs carried? **YES NO**
5. Are exercise pens in sufficient numbers and condition to accommodate the number of dogs carried? **YES NO**
6. Is there an electrical generator installed or carried in the vehicle? **YES NO**
7. How many dogs were in the vehicle at the time of this inspection? \_\_\_\_\_  
     Was there adequate space for the number of dogs carried? **YES NO**
8. Are the dogs in a clean and secured area in the vehicle? **YES NO**
9. If this inspection was conducted at a show, was the set-up area around the vehicle clean and orderly? **YES NO**
10. Is the vehicle owned by the applicant? **YES NO**  
     If **NO**, who owns the vehicle? \_\_\_\_\_

*I have performed an inspection of the vehicle described above:*

PHA Member – Printed Name \_\_\_\_\_

PHA Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Inspector Comments:** Note - submit confidential remarks directly to the PHA office at address above or to [kathy@phadoghandlers.com](mailto:kathy@phadoghandlers.com))

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