Type of Inspection
New ☐
Annual ☐
Follow-Up _____
(Prev. Inspection Date)
Complaint ☒
Courtesy ☐
Random ☐

NCDA&CS, VETERINARY DIVISION
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR ☒
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.92919 W: 81.18988

QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: ALEXANDER Co ANIMAL SHELTER LICENSE #: 74

OWNER: ALEXANDER

ADDRESS: 116 WAGGIN TRAIL TAYLORSVILLE 28681

TELEPHONE: (828) 632-1199 VMO _____ COUNTY ALEXANDER

TYPE FACILITY: Animal Shelter ☒ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐

Number of Primary Enclosures 20 Animals Present: Dogs 14 Cats 6

Inspector: Mark "X" in box, if adequate. Circle item number, if inadequate. Use NA if not applicable

STRUCTURE

Housing Facilities

- ☒ 1. Structure & Repair
- ☒ 2. Ventilation & Temp.
- ☒ 3. Lighting
- ☒ 4. Ceiling, Wall, Floors
- ☒ 5. Storage
- ☒ 6. Water Drainage

Primary Enclosures

- ☒ 7. Structure & Repair
- ☒ 8. Space
- ☒ 9. Ventilation & Temp.
- ☒ 10. Adequate Shelter

SANITATION

- ☒ 11. Waste Disposal
- ☒ 12. Odor
- ☒ 13. Ceiling, Wall, Floors
- ☒ 14. Primary Enclosures
- ☒ 15. Equipment & Supplies
- ☒ 16. Washrooms, Sinks, Basins
- ☒ 17. Insect/Vermin Control
- ☒ 18. Building & Grounds

HUSBANDRY

- ☒ 19. Adequate Feed/Water
- ☒ 20. Food Storage
- ☒ 21. Personnel
- ☒ 22. Animals' Appearance

SPECIAL ITEMS

Records

- ☒ 23. Description of Animals
- ☒ 24. Records/Vet Treatment
- ☒ 25. Origin/Disposition
- N/A 26. Signature (boarding kennel)

Transportation

- ☒ 27. Care in Transit Discussed

Veterinary Care

- ☒ 28. Isolation Facility
- ☒ 29. No Signs of Illness/ Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	SHELTER WAS CLOSED FEB 14-26 FOR REPAIRS AND TO FACILITATE SEALING OF CONCRETE FLOORS —	
	CO_2 IS NO LONGER USED - Co AND LOCAL VET UTILIZED UNTIL PETA PAPERWORK IS COMPLETED.	
	COMPLAINT REC FROM DARREL MERRITT RE: OPERATING HOURS —	
	COMPLAINT UNFOUNDED.	

☒ APPROVED ☐ DISAPPROVED Date: 2/27/2007 Time: 11:00 AM

Veterinarian: _____ Telephone: (____) _____-_____

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner