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

**NCDA&CS, VETERINARY DIVISION**
**ANIMAL WELFARE SECTION**
**1030 MAIL SERVICE CENTER,**
**RALEIGH, NC 27699-1030**
**PHONE: 919/715-7111, FAX: 919/733-6431**

**INDOOR** ☐
**OUTDOOR** ☐
**BOTH** ☐

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 36.52830 **W:** 81.16215

**LICENSE #:** 101
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Alleghany Animal Shelter
**OWNER:** Nash Williams
**ADDRESS:** 2970 US HWY 21 North Sparta NC 28625
**TELEPHONE:** (336) 372 - 8744
**VMO** Merritt
**COUNTY** Alleghany

**Number of Primary Enclosures** 33 **Animals Present: Dogs** 12 **Cats** 4

**Inspector: Mark "X" in each box, if adequate.**
**Circle each 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. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- ☐ 23. Animals' Appearance

## SPECIAL ITEMS

**Records**
- ☒ 24. Description of Animals
- ☐ 25. Records/Vet Treatment
- ☒ 26. Origin/Disposition
- ☒ 27. Signature (boarding kennel)
- ☒ 28. Written permission from owner for commingling (doggie daycare)

**Transportation**
- ☒ 29. Care in Transit Discussed

**Veterinary Care**
- ☒ 30. Isolation Facility
- ☒ 31. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 4/21/08 Time: 9:00a

**Inspector's Signature** **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07 White= Office Canary= Inspector Pink= Owner

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# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | They have added more kennels, but the concrete block walls and concrete floors are chipping up. This needs to be addressed need to repaint & reseal entire kennel. They were cleaning while here, stuffy inside kennel make sure ventilation fan is going. | |
| | Time line for painting & resealing to be attempted by July 1, 2008. All records are in order good job ~~[illegible]~~ Get exact time on treatment sheet | |

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 4/21/08 Time: 9:00 am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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