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: 34.90327 **W:** 80.00368

ENTERED

LICENSE #: 43
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Anson Co Animal Shelter
OWNER:
ADDRESS: 1474 Hollywood Rd Wadesboro
TELEPHONE: (704) 694-4947
VMO Hunter
COUNTY Anson

Number of Primary Enclosures 16 **Animals Present: Dogs** 2 **Cats** 0

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

Transportation
☒ 28. Care in Transit Discussed

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

☒ **APPROVED** ☐ **DISAPPROVED** Date: Nov 25, 2008 Time: 11:32

[signature] **Inspector's Signature** [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

LICENSE #: 43
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Canon Co
OWNER: Cont
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
7	Chainlink in Kennels 1-4-5 was Damaged exposing sharp edges which may cause injury to animals - Repair all damage of chainlink	
25	Some origin / disposition paperwork was incomplete lacking address and name. Includes address on impound paperwork. Disposition must include name and address to whom animal is released and date. This includes adoptions - rescues and return to owner.	
★	Seal on CO units is worn - RDC. replace ASAP	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 11/5/13 Time: 11:32

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner