Type of Inspection
New ☐
Annual ☐
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐
Courtesy X
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: ☐☐.☐☐☐☐☐ W: ☐☐.☐☐☐☐☐
QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: Ashe Co Animal Control LICENSE #: _____
OWNER: Ashe Co Director Jeff Jones
ADDRESS: 767 Fred Pugh Rd Crumpler, NC
TELEPHONE: (____) ____-_____ VMO _____ COUNTY Ashe
TYPE FACILITY: Animal Shelter X Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 45 Animals Present: Dogs 14 Cats 8
1 EXOTIC

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

STRUCTURE

Housing Facilities
(1). Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
(4). Ceiling, Wall, Floors
(5). Storage
X 6. Water Drainage

Primary Enclosures
(7). Structure & Repair
X 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

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

HUSBANDRY
X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
X 22. Animals' Appearance

SPECIAL ITEMS

Records
X 23. Description of Animals
NA 24. Records/Vet Treatment
X 25. Origin/Disposition
NA 26. Signature (boarding kennel)

Transportation
NA 27. Care in Transit Discussed

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1)	Remodeling cut room -	
(4)	Trough drainage system no longer in use in cut room poses hazard for employees - fill or cover	
(5)	Storage rooms cluttered	
(7)	Chainlink fencing along bottoms of kennels in need of repair or replacing & plexiglass lining @ dog kennels broken and jagged	
(14)	Concrete slab does not allow for adequate drainage without cross contamination	

☐ APPROVED ☐ DISAPPROVED Date: 6/14/06 Time: 14:31

Veterinarian: _____ Telephone: (____) ____-_____

Shelley J. Swaim
Inspector's Signature

_____
Owner/Authorized Agent's Signature

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