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: 35.15648 **W:** 83.94735

LICENSE #: 4
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Valley River Humane Society
OWNER:
ADDRESS: 7450 US 19 Marble 28905
TELEPHONE: (828) 837-2304
VMO Swain
COUNTY Cherokee

Number of Primary Enclosures 67 **Animals Present: Dogs** 87 **Cats** 76

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. A 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. A Signature (boarding kennel)
☐ 27. A 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: Aug 22, 2007 NB Time: 09:15

Shelley J. Swain
Inspector's Signature

Justin [signature]
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Valley River Humane Society
OWNER: _____
ADDRESS: cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Since last inspection most of the chain link has been replaced in main kennel area. Number of animals is more managable.	
1	Some of the kennel cats - #s 3,4,7,9,13,18,19,32,33 are rusted and broken - They are working on replacing these	60 days
9	Ventilation is poor in adult cat room and isolation area - need to increase ventilation in these areas	
7	Repair or Replace damaged door frames in adult cats	
	Replace missing shower board in adult cats	
18	There is a lot of junk behind building ie appliances, old cages, trash, old bags of food - remove junk & debris	
24	No treatment sheets	60 days
	Develop and maintain a treatment sheet which shall include name and description of medication, concentration, dosage, intervals and time administered	
	Records must be maintained for a period of one year	
1	Cat porch that cats have constant access to is framed with wooden 2x4's cover exposed wood that is in reach of cats	60 days

☒ APPROVED ☐ DISAPPROVED Date: Aug 22, 2007 Time: 09:15

Shelley J. Swaim
Inspector's Signature

Justin M
Owner/Authorized Agent's Signature

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