| 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

ENTERED

**GPS Coordinates - N:** 35.61923 **W:** 80.08926

**LICENSE #:** 10473
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Rolling Meadow Kennels
**OWNER:** Glen A. and Barbara Simpson
**ADDRESS:** 148 Bingham Industrial Drive Denton
**TELEPHONE:** (336) 859-5530
**VMO** Hunter
**COUNTY** Davidson

**Number of Primary Enclosures** 24 **Animals Present: Dogs** 33 **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/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: Dec 9, 2008 Time: 09:26

Shelley J. Swaim
**Inspector's Signature**

Barbara Simpson
**Owner/Authorized Agent's Signature**

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

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

# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

ENTERED

LICENSE #: 10473
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Rolling Meadow Kennels
OWNER:
ADDRESS: Cort
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| 23 | No description of animal on origin records - add description color/markings done @ time of inspection | |
| 24 | No time on tx records - add time to tx records done @ time of inspection | |
| 7 | Outside Kennel #1 is rusted in some areas making sanitation difficult - sand and repaint. | |
| | Resting boards have been replaced - trough drainage system has been covered minimizing cross contamination | |
| | Damaged chainlink has been Replaced | |
| | Debris and trash has been removed | |
| | Pre-Trained Pets Rescue is also operated here left additional application for shelter license. Please have completed application to this office by 12/18/08 | |

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 12/9/08 Time: 09:36

Shelley Swaim
Inspector's Signature

Bodan Simpson
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner