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

N DA&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 ☒

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.88142 **W:** 80.54078

LICENSE #: 62
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: DAVIE CO ANIMAL SHELTER
OWNER: CHRISTIE GLASS
ADDRESS: 465 EATON RD MOCKSVILLE
TELEPHONE: (336) 477-4252
VMO HUNTER
COUNTY DAVIE

Number of Primary Enclosures 27 **Animals Present: Dogs** 19 **Cats** 24

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: 7/1/08 Time: 10:43

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

LICENSE #: 62
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: DAVIE CO ANIMAL SHELTER
OWNER:
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(2)	NEW CAT ROOM HAS BEEN ADDED WITH 12 LAMINATE CAGE BANK. VENTILATION IS POOR IN THIS AREA. INCREASE VENTILATION	
(5)	LITTER AND ACCESSORIES SHOULD BE MOVED TO STORAGE BUILDING TO AVOID CONTAMINATION	
(8)	ADD RESTING SURFACE (ELEVATED) TO PRIMARY ENCLOSURES HOLDING TWO OR MORE CATS	
(36)	MAKE SURE INTAKE INFORMATION IS COMPLETE WITH ORIGIN OF ANIMAL AND COMPLETE DESCRIPTION OF ANIMALS	
(31)	SEVERAL KITTENS SHOWING SIGNS OF URI - SICK, INJURED OR DISEASED ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED IN ADDITION IF ANIMALS ARE HELD AND TREATED THEY MUST BE ISOLATED	
	8/1/08	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 7/7/08 Time: 10:43

Shelley Swain
Inspector's Signature

Christie Glass
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner