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: 35.87963 **W:** 80.55114

LICENSE #: 97
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Humane Society of Davie
OWNER:
ADDRESS: 290 Caton Rd
TELEPHONE: (336) 751-5214
VMO Huntee
COUNTY Davie

Number of Primary Enclosures 85 **Animals Present: Dogs** 21 **Cats** 15

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: 7/9/10 Time: 11:44

Shelley J. Swain
Inspector's Signature

Daisy [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 #: 97
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Humane Society of Davie
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1	Common exercise areas in back of shelter are grass with some bare areas - Keep working on establishing grass in these areas	
7	Kitchen room - Replace vinyl coverings on shelving as it becomes damaged	
20	Keep all open food in sealed containers	
24	Make sure descriptions of animals ~~is~~ are complete	
	Facility looks great, very clean, no signs of illness - Great Job!!	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 7/9/10 Time: 11:44

Shelley J. Swain
Inspector's Signature

Dorsey McDaniel
Owner/Authorized Agent's Signature

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