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: 35.31219 **W:** 81.20070

LICENSE #: 37
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: GASTON Co ANIMAL SHELTER
OWNER: Co POLICE / REGGIE HORTON
ADDRESS: 220 LEISURE LANE Dr
TELEPHONE: (704) 922-9716
VMO SWAIM
COUNTY GASTON

Number of Primary Enclosures 75 **Animals Present: Dogs** 138 **Cats** 52

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
N/A 26. Signature (boarding kennel)
N/A 27. Written permission from owner for commingling (doggie daycare)

Transportation
N/A 28. Care in Transit Discussed

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

☒ **APPROVED** ☐ **DISAPPROVED** Date: SEPT 5, 2007 Time: 14:25

Shelley Swaim
Inspector's Signature

Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	VENTILATION AND TEMP GREATLY IMPROVED IN ISOLATION AND RECEIVING AREA HOWEVER THIS SOLUTION IS ONLY TEMPORARY.	
	NO SIGNS OF RODENTS IN EUTHANASIA AREA - AREA IS CLEAN ~~OF~~ AND FREE OF DEBRI & SPILLED FOOD	
1-7	CONCRETE FLOORING CRACKED, DAMAGED & UNSEALED - REPAIR OR REPLACE, SEAL MAKING IMPERVIOUS	
22	STRAY DOG KENNELS ARE OVERCROWDED DUE TO LACK OF AVAILABLE KENNEL SPACE -	
29	A TERRIER MIX, BLACK, IN STRAY KENNEL WAS OBSERVED COUGHING - THIS WAS ADDRESSED BEFORE INSPECTION WAS COMPLETED	
	GASKETT ON CO UNIT IS SHOWING WEAR REPLACE -	

☑ APPROVED ☐ DISAPPROVED Date: SEPT 5, 2007 Time: 14:25

Shelley J Swann
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner