| 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 ☒ |

ENTERED

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 35.31205 **W:** 81.20075

**LICENSE #:** 37
**TYPE FACILITY: Animal Shelter (Private/Public)** ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** GASTON CO ANIMAL CONTROL
**OWNER:** GASTON CO
**ADDRESS:** 220 LEISURE LANE DALLAS
**TELEPHONE:** (704) 922-8677
**VMO** HUNTER
**COUNTY** GASTON

**Number of Primary Enclosures** _____ **Animals Present: Dogs** 78 **Cats** 49

**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. N/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: Nov 12, 2008 Time: 12:00

Sheila J. Swain — **Inspector's Signature**

11/12/08 — **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 #: 37
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: GASTON Co ANIMAL CONTROL
OWNER:
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| (1) (7) | CONCRETE FLOORS THROUGHOUT FACILITY AND KENNEL AREA ARE DAMAGED AND UNSEALED - REPAIR/REPLACE AND SEAL OR PAINT MAKING IMPERVIOUS TO MOISTURE | JAN 1, 2009 |
| (7) | METAL TRACKS FOR GUILLOTINE DOORS ARE RUSTED AND HAVE EXPOSED SHARP EDGES WHICH COULD CAUSE INJURY TO ANIMALS AND WHICH MAKES SANITATION DIFFICULT, INCLUDING BUT NOT LIMITED TO #3 & 5 | JAN 1, 2009 |
| (7) | KENNELS #13-14-15-16 FENCING RUSTED AND CORRODED MAKING SANITATION DIFFICULT. REPLACE/REPAIR (EXTERIOR) | JAN 1, 2009 |
| (8) (22) | > THAN FOUR DOGS IN SEVERAL PRIMARY ENCLOSURES #12 #16 #3 #4 - DECREASE # OF DOGS PER PRIMARY ENCLOSURE. | 24 HOURS |
| (19) | DAMAGED FOOD AND WATER RECEPTACLES - REPLACE MAKING SURE FOOD RECEPTACLES ARE ACCESSABLE TO ALL DOGS. FOR EVERY ADULT ANIMAL THERE MUST BE AT LEAST ONE RECEPTACLE (FOOD) OFFERED | JAN 1, 2009 |
| (33) (39) | (A) BLACK & TAN DOG #852 - MULTIPLE BITE WOUNDS - NECK BLOOD IN KENNEL<br>(B) DSH GREY & WHITE MUCOPURULENT OCULAR DISCHARGE NASAL DISCHARGE -<br>(C) HOUND X TRI #663<br>(D) DSH BUFF & WHITE CONGESTED - THIN<br>(E) #3 KENNEL MD FAWN MIX CONGESTED COUGHING - ISOLATE AND TREAT OR EUTHANIZE IF NOT GOING TO TX | VENTRAL<br>DONE |
| (24) | ADD TIME TO TREATMENT SHEET. | DONE |
| | 737 ~~[illegible]~~ 675 664 631 | |

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 11/12/08 Time: 12:00

Sheena Swaim
Inspector's Signature

11/12/08
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 37
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Gaston Co Animal Control
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| (25) | IMPROPER DISPOSITION OF RESCUED ANIMALS — EACH DISPOSITION SHALL INCLUDE NAME AND ADDRESS OF PERSON TO WHOM ANIMAL IS SOLD - TRADED OR ADOPTED AND THE DATE OF SUCH TRANSACTION — NO P.O. BOXES | 24 hrs — |

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 11/12/08 Time: 12:00

Shelley Swain — Inspector's Signature

11/12/08 — Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner