Type of Inspection
New □ _____
Annual □ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint X _____
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 X

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.31219 **W:** 81.20070

LICENSE #: 37
TYPE FACILITY: Animal Shelter (Private/Public) X **Boarding Kennel** □ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: Gaston Co Animal Shelter
OWNER: Co. Police
ADDRESS: 220 Leisure Lane Dallas
TELEPHONE: (704) 922-9716
VMO HUNTER
COUNTY GASTON

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

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. 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

X **APPROVED** □ **DISAPPROVED** Date: March 25, 2008 NO Time: 14:00

Inspector's Signature

Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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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: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Met with Reggie Horton at the Animal Control facility to investigate a complaint of an older Rotti being held in isolation since 12/7/07. Mr Horton stated to me the following: Dog in question was seized Sept 17, 2007 and owner charged with cruelty. Case has been continued several times extending the time the dog in question has had to be maintained as evidence. Dog is scheduled to be transfered to a rescue group to be fostered ~~in~~ pending court hearing. Employees, vet tech students, and volunteers walk and provide socialization as time and staffing permits. Discussed with Mr Horton an Enrichment program for animals held for extended periods of time such as living evidence. Gaston County will implement a program for animals in long term care which will include daily socialization with humans and same species (temperament providing). Daily access to space other than primary enclosure. A species and size appropriate to unless it possess a health threat. Also will implement record of care as it pertains to animals held in long term care. This will include date time and initials as well as activity provided.	

☐ **APPROVED** ☐ **DISAPPROVED** Date: March 25, 2008 Time: 14:00

Shelly J Swann
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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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
OWNER: _____
ADDRESS: Court
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
3/28	Spoke with Mr Horton and dog has been transferred to Atlantic Pet Rescue to be fostered until released by court.	

□ **APPROVED** □ **DISAPPROVED** Date: March 28, 2008 Time: @ 13:30

Sheila J Deramus
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner