

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

ENTERED

Type of Inspection
New
Annual 2010
Follow-Up _____
(Prev. Inspection Date)
Complaint
Courtesy
Random

GPS Coordinates - N: 36.32552 W: 78.62855

LICENSE #: 22
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: GRANVILLE CO Animal Shelter
OWNER: GRANVILLE CO GOVERNMENT
ADDRESS: 5650 Cornwall Rd OXFORD NC 27565
TELEPHONE: (919) 693-6749
VMO: Hooster
COUNTY: GRANVILLE

Number of Primary Enclosures 22 Animals Present: Dogs 33 Cats 37

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

- | | | |
|--|--|---|
| STRUCTURE | SANITATION | SPECIAL ITEMS |
| <u>Housing Facilities</u>
<input checked="" type="checkbox"/> 1. Structure & Repair
<input checked="" type="checkbox"/> 2. Ventilation & Temp.
<input checked="" type="checkbox"/> 3. Lighting
<input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors
<input checked="" type="checkbox"/> 5. Storage
<input checked="" type="checkbox"/> 6. Water Drainage | <input checked="" type="checkbox"/> 11. Waste Disposal
<input checked="" type="checkbox"/> 12. Odor
<input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors
<input checked="" type="checkbox"/> 14. Primary Enclosures
<input checked="" type="checkbox"/> 15. Equipment & Supplies
<input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins
<input checked="" type="checkbox"/> 17. Insect/Vermin Control
<input checked="" type="checkbox"/> 18. Building & Grounds | <u>Records</u>
<input checked="" type="checkbox"/> 24. Description of Animals
<input checked="" type="checkbox"/> 25. Records/Vet Treatment
<input checked="" type="checkbox"/> 26. Origin/Disposition
<input checked="" type="checkbox"/> 27. Signature (boarding kennel)
<input type="checkbox"/> 28. Written permission from owner for commingling (doggie daycare) |
| <u>Primary Enclosures</u>
<input checked="" type="checkbox"/> 7. Structure & Repair
<input checked="" type="checkbox"/> 8. Space
<input checked="" type="checkbox"/> 9. Ventilation & Temp.
<input checked="" type="checkbox"/> 10. Adequate Shelter | <u>HUSBANDRY</u>
<input checked="" type="checkbox"/> 19. Adequate Feed/Water
<input checked="" type="checkbox"/> 20. Food Storage
<input checked="" type="checkbox"/> 21. Personnel
<input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
<input checked="" type="checkbox"/> 23. Animals' Appearance | <u>Transportation</u>
<input checked="" type="checkbox"/> 29. Care in Transit Discussed

<u>Veterinary Care</u>
<input checked="" type="checkbox"/> 30. Isolation Facility
<input checked="" type="checkbox"/> 31. No Signs of Illness/Treated |

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 6/4/09 Time: 9:30pm

Inspector's Signature: [Signature] Owner/Authorized Agent's Signature: [Signature]

AW-2 Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner