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

DA&CS, VETERINARY DIVISIO
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: ☐☐.☐☐☐☐☐ **W:** ☐☐.☐☐☐☐☐

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Angels Paws Rescue
OWNER: Tracy Smith
ADDRESS: 3069 Herbert Faucett Rd Granville NC
TELEPHONE: (919) 698-3027
VMO Hunter
COUNTY Granville

Number of Primary Enclosures _____ **Animals Present: Dogs** 40 **Cats** Ø

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

Discussed

Primary Enclosures
☐ 7. Structure & Repair
☐ 8. Space
☐ 9. Ventilation & Temp.
☐ 10. Adequate Shelter

Discussed

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

Discussed

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

Discussed

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)

Discussed

Transportation
☐ 29. Care in Transit Discussed

Veterinary Care
☐ 30. Isolation Facility
☐ 31. No Signs of Illness/ Treated

Discussed

☐ **APPROVED** ☒ **DISAPPROVED** Date: 10/12/10 Time: 12:50 p.m.

Inspector's Signature **Owner/Authorized Agent's Signature**

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Rev. 1/07

White= Office Canary= Inspector Pink= Owner

NCDA&CS, VETERINARY DIVISI N
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: Angel Paws Rescue
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I Talked To Ms. Tracy Smith who just moved From South Carolina. Ms. Smith Operated A rescue in South Carolina. Ms. Smith Was not Aware of The Animal Welfare Rules in North Carolina. Ms. Smith has applied for A 501(c)(3) to Operate in North Carolina. Ms. Smith is going To not rescue or adopt Any dogs until she decides And obtain A Cost To built A Shelter.	
	I discussed The rules With Ms. Smith And what needs To be completed To operate.	
	On Todays inspection The dogs were in Chain link Pens. The Floor of The Kennels are dirt. There was more than (1) dog in each Kennel. There was only (1) dog house Per Pen. Some of The houses were wood. The Chain link needs To be replaced.	
	The property contains A Silo Type Barn And Ms. Smith will possibly built her Kennel in The barn.	
	The dogs looked healthy And each dog has A vet record.	
	This will take A lot of work To come into Compliance. Ms. Smith will contact me on Whether decision will be either built A Shelter or just Stop adopting dogs.	

☐ **APPROVED** ☒ **DISAPPROVED** Date: 10/12/10 Time: 1:05pm

Inspector's Signature **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner