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

DA&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: ☐☐.☐☐☐☐☐ **W:** ☐☐.☐☐☐☐☐

LICENSE #: 38
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Iredell County Animal Control
OWNER: Kennel manager Chris Royal
ADDRESS: 243 Twin Oaks Road Statesville NC 28625
TELEPHONE: (704) 878 - 5424
VMO Merritt
COUNTY Iredell

Number of Primary Enclosures 180 **Animals Present: Dogs** 50 **Cats** 45

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
☐ 24. Description of Animals
☐ 25. Records/Vet Treatment
☐ 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (doggie daycare)

Transportation
☐ 29. Care in Transit Discussed

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

☒ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: Aug 5, 2008 Time: 9:00 AM

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

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

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ANIMAL WELFARE SECTION,
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I came out today to look at shelter and see what happened to the gas chamber. Chris said that the cycle of euthanasia was complete and co was being discharged at the time of incident. The attendent said it looked like a bolt of lighting and she called fire trucks to make sure that there would be no explosion. Chris said that there was no explosion and the county is not using it for now. No co alarms went off and cause could have came from a fan that caused the bolt. As of yesterday Aug 4, 2008 ~~A~~ ~~alumin~~ aluminum non sparking fan installed into the chamber and said it was safe now to use. I looked at the chamber and the seal was fine and I saw blue marks along top of chamber. Everything else looked great and well vented about the chamber. I looked at the shelter, need to caulk along bottom of runs to keep cross contamin down. It was stuffy in one cat room need to ~~[illegible]~~ make sure exhaust fan is going in there at all times. Need to reseal floor in euthanisa room chipped up, they fixed it one time but needs to be redone. They were cleaning while here and did a good job. Records fine. Work on new improvements, ~~[illegible]~~ New shelter in works plans drawn up. In the sick room need to patch hole in floor or don't use that room.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: Aug 5, 2008 Time: 9:00 am

Inspector's Signature

Owner/Authorized Agent's Signature

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