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 ☒

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.23649 **W:** 83.44263

LICENSE #: 39
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Macon Co Humane Society
OWNER:
ADDRESS: 851 Lake Emory Rd Franklin 28734
TELEPHONE: (828) 524-4588
VMO Swann
COUNTY Macon

Number of Primary Enclosures 92 **Animals Present: Dogs** 79 **Cats** 34

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

☒ **APPROVED** ☐ **DISAPPROVED** Date: Aug 22, 2007 Time: 12:43

Shelley J. Swann
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 INSPECTION CONTINUTATION PAGE

LICENSE #: 39
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Macon Co. Humane Society
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Leak at outside kennel area hydrant has been repaired	
(2)	Main kennel area inside poor ventilation air flow shall be adequate to minimize odors and moisture condensation.	60 days
(5)	There is not enough storage at this facility to adequately store crates and other accessories - Increase storage space - poss add storage building	60 days
(18)	Weeds and grass overgrown along fence line - weed eat & mow	1 week
(21)	At the time of inspection employees were still cleaning facility - more employees are needed to maintain AWA Standards	60 days
(24)	Treatment sheets are lacking time and initials - add these items to the sheet	

☒ APPROVED ☐ DISAPPROVED Date: Aug 22, 2007 Time: 12:43

Sheila J. Swann
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner