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

NCDA&CS, VETERINARY DIVISION
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR ☐
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.65449 W: 81.95813
QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: McDowell Co Animal Shelter LICENSE #: _____
OWNER: _____
ADDRESS: 3751 Hwy 226 S Marion NC 28752
TELEPHONE: (828) 652-6643 VMO Hunter COUNTY McDowell
TYPE FACILITY: Animal Shelter ☐ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 21 Animals Present: Dogs 4 Cats 1
EXOTICS 31

Inspector: Mark "X" in box, if adequate. Circle 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. Animals' Appearance

SPECIAL ITEMS
Records
☒ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
N/A 26. Signature (boarding kennel)

Transportation
☒ 27. Care in Transit Discussed

Veterinary Care
N/A 28. Isolation Facility
☒ 29. No Signs of Illness/ Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1	CHAIN LINK IS DAMAGED & CORRODED - REPLACE	
2	VENTILATION HAS NOT BEEN ADDRESSED IN CAT AREA — ↑ VENTILATION	
5	BEDDING NEEDS TO BE STORED OFF THE GROUND	
7	RUSTED EXTERIOR DOORS — REPLACE	
6	DRAINS IN KENNEL ARE BACKED UP — CALL HAS BEEN PLACED TO SEPTIC CO.	
18	DEBRI IN & AROUND OFFICE AREA — SWEEP UP & REMOVE	
	MANY INADEQUACIES HAVE BEEN CORRECTED —	

☒ APPROVED ☐ DISAPPROVED Date: 4/9/2007 Time: 12:50

Veterinarian: _____ Telephone: (____)____-_____

Shelly J. Swain
Inspector's Signature

B. Wah
Owner/Authorized Agent's Signature

John Singleton

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner