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 □

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.33757 **W:** 79.96151

LICENSE #: 116
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** □ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: MONTGOMERY CO ANIMAL SHELTER
OWNER:
ADDRESS: 442 LANDFILL RD MT GILEAD
TELEPHONE: (910) 572-3067
VMO HUNTER
COUNTY MONTGOMERY

Number of Primary Enclosures _____ **Animals Present: Dogs** 14 **Cats** 5

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: Nov 10, 2008 Time: 10:52

Shelley J. Swaine
Inspector's Signature

Leon Evans
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 116
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: MONTGOMERY Co ANIMAL SHELTER
OWNER:
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	PAPERWORK / RECORDS WAS ADEQUATE	
	HOLE IN FENCE HAS BEEN REPAIRED -	
(14) (A)	PRIMARY ENCLOSURES HAD NOT BEEN CLEANED OVER THE WEEKEND AND ANIMALS HAD NOT BEEN FED - PRIMARY ENCLOSURES SHALL BE CLEANED / WASTE REMOVED A MINIMUM OF TWICE DAILY DOGS AND CATS SHALL BE FED AT LEAST ONCE EACH 24 HR PERIOD PUPPIES AND KITTENS LESS THAN 6 MONTHS OF AGE SHALL BE FED AT LEAST TWICE IN EACH 24 HR PERIOD	
(7)	KENNEL #2 TOP ROW METAL VENT COVER DAMAGED FROM CHEWING - REPLACE	
(10)	PROVIDE ADEQUATE SHELTER FOR NURSING PUPPIES -	
	24 hrs	
11/10/08 16:30	SPOKE WITH LEON EVERITT - CLEANING AND FEEDING WEEKEND PROTOCOL HAS BEEN ADJUSTED AS PER CO. MGR. TO BE COMPLIANT WITH AWA	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 11/10/08 Time: 10:52

Shelley J. Swann
Inspector's Signature

Leon Everitt
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner