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: ☐☐.☐☐☐☐☐ **W:** ☐☐.☐☐☐☐☐

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: MONTGOMERY CO ANIMAL SHELTER
OWNER: SUPERVISOR TERRELL BEANE
ADDRESS: ~~200~~ 442 LANDFILL RD MT GILEAD 27306
TELEPHONE: (910) 572-3067
VMO HUNTER
COUNTY MONTGOMERY

Number of Primary Enclosures 11 **Animals Present: Dogs** 0 **Cats** 0

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: 11-19-2007 Time: 9:00 AM

[signature] **Inspector's Signature**

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	MET WITH BILL HAMILTON, MAINTENANCE SUPERVISOR AT THE SHELTER.	
	THERE HAVE BEEN SOME IMPROVEMENTS:	
	A BATHROOM WITH WASHBASIN HAS BEEN ADDED	
	CEILING HAS BEEN FINISHED IN SMALL DOG ROOM	
	EXHAUST FAN HAS BEEN INSTALLED ON CO UNIT.	
	DISCUSSED WITH MR HAMILTON PLANS FOR FURTHER UPGRADES:	
	ADDING PRIMARY ENCLOSURES TO LG DOG HOLDING AREA	
	ENCLOSING CAT AREA	
	ELIMINATING WOOD	
	PAINTING OR REPLACING EXPANDED METAL	
	EXTENDING FRONT OF FACILITY AND ADDING MORE KENNEL SPACE	
	REPAIRING PERIMETER FENCING	
	MR HAMILTON WILL CONTACT ME WITH A DATE FOR A FORMAL TIMELINE FOR REPAIRS & UPGRADES	

☐ APPROVED ☑ DISAPPROVED Date: 11-19-2007 Time: 9:00 AM

Shelley J. Swain
Inspector's Signature

Bill Hamilton
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner