**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:** 35.97750 **W:** 77.94998

**LICENSE #:** 26 18
**TYPE FACILITY: Animal Shelter (Private/Public)** ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Nash Co. Animal Shelter
**OWNER:** Nash Co. Government
**ADDRESS:** 921 N. First St Nashville NC
**TELEPHONE:** (252) 459-9855
**VMO** Blomquist
**COUNTY** Nash

**Number of Primary Enclosures** 16-Dog 10-Cat **Animals Present: Dogs** 11 **Cats** 3

Shelter looks good. No Problems Noted

**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) N/A
- ☒ 27. Written permission from owner for commingling (doggie daycare) N/A

**Transportation**
- ☒ 28. Care in Transit Discussed

**Veterinary Care**
- ☒ 28. Isolation Facility
- ☒ 29. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **DISAPPROVED** Date: 8/15/07 Time: 9:50am

J. E. [illegible]
**Inspector's Signature**

[illegible]
**Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner