NO PHOTOS

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: ☐☐.☐☐☐☐☐ W: ☐☐.☐☐☐☐☐
OBSP Number – ☐☐-☐☐☐-☐☐-☐☐-☐

BUSINESS NAME: Reidsville Animal Shelter LICENSE #: #103
OWNER: Reidsville Veterinary Hospital
ADDRESS: 1401 W. Harrison St Reidsville NC
TELEPHONE: (336) 349-3194 VMO _____ COUNTY Rockingham
TYPE FACILITY: Animal Shelter ☒ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 37 Animals Present: Dogs 41 Cats 16

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
- ☐ 26. Signature (boarding kennel)

Transportation
- ☐ 27. Care in Transit Discussed

Veterinary Care
- ☐ 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
7	Cracks in Kennel area - seal	
8	Chain link in some kennels need repair/replace	
11	TRASH bags outside - old refrigerator - dispose of	
12	Odor in kennel area & Rooms.	
14	Kennels all in need of cleaning -	
22	Ticks - some diarrhea	
	CO only method of Euthanasia	

☐ APPROVED ☐ DISAPPROVED Date: 6-19-06 Time: 12:10

Veterinarian: _____ Telephone: (____)_____-_____

Shelly Sewain
Inspector's Signature

Owner/Authorized Agent's Signature

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