Type of Inspection
New ☐
Annual ☐
Follow-Up May 2, 2007
(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 X
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.35775 W: 79.69117
QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: Reidsville Animal Shelter LICENSE #: N/A
OWNER: Reidsville Vet. Hospital
ADDRESS: 1401 W. Harrison St. Reidsville NC
TELEPHONE: (336) 349-3194 VMO Hunter COUNTY Rockingham
TYPE FACILITY: Animal Shelter X Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures _____ Animals Present: Dogs _____ Cats _____

Inspector: Mark "X" in box, if adequate. Circle item number, if inadequate. Use NA if not applicable

STRUCTURE
Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
X 7. Structure & Repair
X 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

we will be back in 30 days to review records to make sure they are more descriptive

SANITATION
X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY
X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
X 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
	They have sealed cracks in cement, repaired holes in wire cages. They have put vynial slats under cat cages and put rubber matting between cages and floor. They left a gap between cat cages & wall, this is a danger, we saw a kitten underneath the cat cages that staff was unable to catch. They need to fill in this area with either another small cage, or use file board to cover hole. Make sure that this material is waterproof. Kittens were at a max in the room, Shelly and myself observed some kittens with possible upper respiratory infections. If you are going to hold these animals make sure you get them to isolation room ASAP. We did observe one beagle puppy with hair loss that needs to be isolated. Overall good job on repairs but watch over crowding. Make sure you get dos of dog, closest house # when dog is picked up and make sure you get the town.	

X APPROVED ☐ DISAPPROVED Date: June 5, 2007 Time: 9:30AM

Veterinarian: _____ Telephone: (____) _____ - _____

Inspector's Signature

Kathi Nagy
Owner/Authorized Agent's Signature

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

Isolation room will be in Chamber room

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: 36.35775 W: 79.69117

QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: REIDSVILLE ANIMAL SHELTERS LICENSE #: _____
OWNER: REIDSVILLE VETERINARY HOSPITAL
ADDRESS: 1401 W. HARRISON ST REIDSVILLE
TELEPHONE: (336) 349 - 3194 VMO HUNTER COUNTY ROCKINGHAM
TYPE FACILITY: Animal Shelter ☒ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures _____ Animals Present: Dogs 21 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
1 4	CRACKS IN CONCRETE FLOOR UNSEALED - REPAIR CRACKS AND SEAL	
7	DAMAGED CHAINLINK - REPAIR AND OR REPLACE	
12	STRONG ODOR NOTED IN AND AROUND FACILITY	
14	HAIR AND DEBRI BUILD UP IN CHAINLINK AT DRAINAGE TROUGH MORE ATTENTION NEEDED ~~TO~~ WHILE CLEANING / SANITIZING	
22	WET DOGS IN KENNELS - IF HOSING OR FLUSHING METHOD IS USED REMOVE DOGS WHILE CLEANING	
	RECOMMEND COVERING OR REMOVING WOOD UNDER CAT CAGES	
	RECOMMEND MAINTAINING RECORDS IN CENTRAL LOCATION - AT THIS TIME MOST PAPERWORK IS AT THE HOSPITAL SOME IS ~~AT~~ MAINTAINED BY A.C.	

☐ APPROVED ☒ DISAPPROVED Date: MAY 2, 2007 Time: 10:40

Veterinarian: _____ Telephone: (____) ____-_____

[signature] / Shelley J Swain
Inspector's Signature

[signature]
Owner/Authorized Agent's Signature

AW-2
Rev. 2/05

White= Office Canary= Inspector Pink= Owner

April 19, 2007

Mr. Lee Hunter
North Carolina Department of Agriculture
& Consumer Services Veterinary Division
1030 Mail Service Center
Raleigh, NC 27699-1030

RE: J.H. Kinnarney, DVM
Reidsville Veterinary Hospital
1401 W. Harrison Street
Reidsville, NC 27320

Dear Mr. Hunter:

Reference our phone conversation on October 13, 2006 and my follow-up letter dated December 11, 2006.

Can you provide me any updates relating to our conversation.

In our conversation, you stated the Reidsville Veterinary Hospital would be receiving an unannounced inspection.

Has this taken place?

I am concerned about the lack of medical attention that the animals receive at that facility. According to the Animal Welfare Act - medical attention should not be withheld.

Can you provide me an update on the situation relating to the Reidsville Veterinarian Hospital.

Also, I understand that there was a recent gas leak found in the gas chamber.

I would appreciate a response.

Thank you.

Tana Austin
217 Willow Oaks Farm Road
Stoneville, NC 27048
(336)335-6764 M-F (8:00 a.m. to 4:00 p.m.)

RECEIVED
APR 25 2007
By

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: ☐☐.☐☐☐☐☐
QBSP 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
4	Cracks in Kennel area - seal	
7	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: (____)____-_____

Shelley J. Swain
Inspector's Signature

Owner/Authorized Agent's Signature

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