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 #: 93
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Reidsville Veterinary Hospital
OWNER: Reidsville Vet Hospital INC
ADDRESS: 1401 West Harrison Street Reidsville NC 27320
TELEPHONE: (336) 342 - 4022
VMO Merritt
COUNTY ~~Reidsville~~ Rockingham

Number of Primary Enclosures 37 **Animals Present: Dogs** 30 **Cats** 15

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. 82°
- ☐ ~~10. Adequate Shelter~~ OK

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
- ☐ 24. Description of Animals
- ☐ 25. Records/Vet Treatment
- ☐ 26. Origin/Disposition
- ☐ 27. Signature (boarding kennel)
- ☐ 28. Written permission from owner for commingling (doggie daycare)

Transportation
- ☐ 29. Care in Transit Discussed

Veterinary Care
- ☐ 30. Isolation Facility
- ☐ 31. No Signs of Illness/ Treated

☐ **APPROVED** ☒ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 6/11/08 Time: 9:30 am

Inspector's Signature **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

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I come out today on a complaint of ~~[illegible]~~ heat and the temperature today was 82° at my time of Inspection. My have fans going and my house 7 portable AC units here today and the AC man will be here at 11:00 Am to install the units. All dogs seem to be in good shape and place is clean. My have finished all cross contamination issues and looks good.	
	The units will be running today I will be back 30 days to see how they are working and check temperature	
	conditionally approved till I come back 30 days	
	Need to add communities on Intake Sheet	
	Call me as soon as the units are running 919-740-8619	
	82° temperature inside kennel	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED - Date: 6/11/08 Time: 9:30 Am

Inspector's Signature — Owner/Authorized Agent's Signature

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