Type of Inspection
New □ _____
Annual □ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint X _____
Courtesy □ _____
Random X _____

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 X
BOTH □

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.20904 **W:** 79.34172

LICENSE #: NA
TYPE FACILITY: Animal Shelter (Private/Public) X **Boarding Kennel** □ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: Amber Atkins / Rescue / Transport
OWNER: Amber Atkins
ADDRESS: 2806 Grooms Rd Reidsville
TELEPHONE: (336) 344 - 6605
VMO Hunter
COUNTY Rockingham

Number of Primary Enclosures 10 **Animals Present: Dogs** 93 **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

not viewed

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

not viewed

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** X **DISAPPROVED** Date: 10/10/20 Time: 12:45

Shelley Swaim
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

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Amber Adkins
OWNER: _____
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	This facility was an unlicensed private rescue shelter that was actively procuring dogs from public shelters and other sources. Animals would be housed at this facility until transport could be facilitated. Most animals were to be transported to private shelters in the New York area.	
	Facility came to my attention while examining incomplete disposition records at the Rockingham Humane Society	
	See Inspection dated 10/11/10 See Also preliminary Sit Rep 10/12/10	
	12:45 Arrived at property There were aprox 12-15 free roaming dogs on the property - Predominantly adult dogs of mixed breeds Dog were displaying pack mentality - I remained in my vehicle	
	I could easily view from my vehicle An abnormal amt of trash and debris. There was a large number of plastic dog and cat enclosures typically used for transporting animals.	
	There was an 18-20 foot enclosed vehicle transport trailer - Gumper pull parked in drive way beside Residence.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 10/11/10 Time: 12:45

Shelley J Swain
Inspector's Signature

Owner/Authorized Agent's Signature

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Amber Adkins
OWNER: _____
ADDRESS: _____ Court
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Red and white lettering on side "75 Adkins Motor Sports" Transport trailer were scattered around the boat ramps of the trailer there was a dead animal on top of one of the transport crates Species could not be identified from my location but I could determine by sight and the strong smell animal was in advanced stages of decomposition	
12:52	Contacted C-com to request contact with AC and report possible Cruelty/neglect	
13:00	Approached side door and attempted contact with homeowner	
	From the porch at the side of the house I could easily view 750 living dogs of various ages breeds, and sizes. Dogs were housed in wire/T post enclosures	
	I could easily view what appeared to be the decayed remains of four dead dogs beside one of the enclosures	
	Animal Control responded to property ~~Sheriff~~ Sheriff's Deputy also responded	
	There were 10 enclosures, constructed of woven wire and T-post - There were plywood dog houses in each enclosure There was no other protection for animals	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 10/11/10 Time: 12:45

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Amber Adkins
OWNER: _____
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	There were four dead dogs, bloated and ~~op~~ placed outside the front of enclosure #9. Two of the dogs appeared to be older Black Lab ~~type~~ type dogs. The other two were red and white mix breed older puppies - they appeared to be littel mates	
	The dogs were extremely bloated and the smell of decomposition was strong. Flies and Maggots were evident	
	The #8 enclosure housed 15-17 puppies. I observed the carcass of a dead puppy was being cannibalized by the others. There was no food and water was muddy and not potable	
(9)	There was no potable water in any of the enclosures	
(22)	Kennels 8, 9, 4, 5 all contained 7-4 dogs) Fighting was constant in these overcrowded kennels	
(23)	Several puppies were very thin hips and ribs visable -	
(24)(25)(26)	The only records available were Impound forms from Wayne Co for 60 dogs recently Rescued. Disposition on all 60 Impounds was incomplete	

☐ APPROVED ☐ CONDITIONALLY APPROVED X DISAPPROVED Date: 10/11/10 Time: 1245

Shelley Swain
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Atkins
OWNER: _____
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(23) (30)	There was a small black puppy in a blue cat carrier located on the side porch of the home - puppy had marked alopecia and sores covering > than 50% of its body puppy was also covered in feces and debri - Mr Atkins stated that the puppy was in isolation and had been diagnosed with coccidia.	
(29)	Trailor used to transport animals to facility had no visible mechanism for ventilation	
16:06	Cleared scene after giving statement to SD	
17:22	Arrived @ home office	
Spoke with Lt Tammy Howell		
	Total # of animals 93 dogs 6 dead 19 euthed 2 ferrets 5 Chinchillas 5 G. Pigs 6 goats - 1 injured 1 horse	
Three children were also removed from home		
Also attached incomplete disposition records from Wayne Co.		

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 12/11/10 Time: 12:45

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

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