Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 6/29/10
(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: 36.30125 **W:** 79.45546

LICENSE #: 105
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Rockingham Co Humane Society
OWNER: Sue Holland
ADDRESS: 205 Boone Rd Eden NC
TELEPHONE: (336) 623-4428
VMO Hunter
COUNTY Rockingham

Number of Primary Enclosures 37 on license 63 actual **Animals Present: Dogs** 48 **Cats** 64

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
☐ 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: 7/8/10 Time: 10:45 15:30

Sherry D. Swain
Inspector's Signature

Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1)	Cats have been removed from outside cattery however two dogs have free roam of kennel area and access to area - animals are unsupervised and there is no secondary perimeter fencing.	
	Do not allow dogs free access to this area Recomend Removal of wooden/wire Cattery/storage area	
	Repaint/Reseal flooring throughout animal areas	
	Replace missing baseboards	
(5)	Storage areas are still cluttered and unorganized - Clean and organize these areas - Organize and properly store donations as they come in	
(20)	Open bags of food in food room - Store food in air tight containers	
(8)	Dogs housed in wire bottom enclosures MUST be provided a solid resting surface ~~[illegible]~~ this was discussed during last inspection at length there were dogs with no resting surface - Correct immediately	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 7/8/10 Time: 10:45

Shelley Swann
Inspector's Signature

Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Sanitation	
(14)	Overall sanitation remains very poor. At 10:45 AM cages had not been cleaned and caged dogs had not been walked. Several animals could not walk or lie down without comming into contact with waste or debre.	
	Adoption cat Room had not been cleaned	
	Increase cleaning frequency to a min of 2x daily - 8	
	Correct Immediately	
(14)	Dirty cages ~~cages~~ ~~from~~ located in the laundry room appeared to have the same urine soaked newspapers lining the bottoms and the same bowl of dog food from last inspection dated 6/29/10 It was reported by a volunteer that there had been 8 parvo dogs in these enclosures and they had not been cleaned since these animals were removed. Ms Holland stated they look at things differently and just hadn't thought about cleaning the cages because they hadn't needed them.	
	Dirty Crates stacked in hallway and bird room from July 6, 2010 Spaymenter transport	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☑ DISAPPROVED Date: 7/8/10 Time: 10:45

Shelly Swain
Inspector's Signature

Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Rockingham Co Humane
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Veterinary Records indicated that the following animals had been taken to Central Animal Hospital and are being treated ♀ DMH Him x "Lily" ♂ DSH Ortality "Monster" ♀ Shep x "Boots" There were treatment records for these animals	
26	Update and maintain records on all animals specifically origin and veterinary records	
	Please review and adhere to your Program of Veterinary care that was submitted to this office with application	

□ APPROVED □ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 7/8/10 Time: 10:45

Shelley J. Swaim
Inspector's Signature

Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1)	Black wire cages housing dogs and puppies have become rusted and corroded making sanitation difficult - sand and repaint damaged cages or replace	
(19)	~~Dogs housed at front of building did not have receptacle for food per dog - For every adult animal there must be at least one food receptacle offered~~	
	Have storage / donations areas cleaned and organized and bedding materials stored adequately by 7/15/10	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 7/8/10 Time: 10:45

Shelley J. Swain
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner