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 ☐

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.33611 **W:** 80.21468

LICENSE #: 71
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: STANLY CO ANIMAL SHELTER
OWNER:
ADDRESS: 1037 COBLE AVE ALBEMARLE
TELEPHONE: (704) 986-3881
VMO HUNTER
COUNTY STANLY

Number of Primary Enclosures _____ **Animals Present: Dogs** 20 **Cats** 39

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~~ 24 Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☒ 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation
☒ 28. Care in Transit Discussed

Veterinary Care
☒ 28. Isolation Facility
☒ 29. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **DISAPPROVED** Date: MARCH 5, 2008 Time: 10:00

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

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

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ENTERED

ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 71
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: STANLY Co ANIMAL SHELTER
OWNER: CONT
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1) (7)	UNSEALED CONCRETE FLOORING THROUGHOUT KENNEL AREAS - SEAL CONCRETE MAKING IMPERVIOUS TO MOISTURE -	9-08
(8)	CATS ARE HOUSED IN CAGES WITH EXPANDED METAL FLOORS - EACH PRIMARY ENCLOSURE SHALL BE PROVIDED WITH A SOLID RESTING SURFACE ADEQUATE TO COMFORTABLY HOLD ALL OCCUPANTS AT THE SAME TIME - RESTING SURFACE SHALL BE ELEVATED IN ENCLOSURES HOUSING TWO OR MORE CATS.	24 HOURS
	THERE ARE NO LITTER RECEPTACLES IN STRAY CAT ENCLOSURES. IN ALL CAT ENCLOSURES, A RECEPTACLE WITH CLEAN LITTER WILL BE PROVIDED - A MINIMUM OF ONE RECEPTACLE PER THREE CATS IS REQUIRED	24 HOURS

☒ APPROVED ☐ DISAPPROVED Date: MARCH 5, 2008 Time: 10:00

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner