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

NCDA&CS, VETERINARY DIVISION
P. O. BOX 26026, RALEIGH, NC 27611
Phone: 919/733-7601, Fax: 919/733-2277

INDOOR ☐
OUTDOOR ☐
BOTH ☒

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: ☐☐.☐☐☐☐☐ **W:** ☐☐.☐☐☐☐☐
QBSP Number – ☐☐-☐☐☐-☐☐-☐☐-☐

BUSINESS NAME: P.A.W.S. Animal Shelter **LICENSE#:** 30
OWNER: Placing Animals Within Society
ADDRESS: PO Box 1814 Bryson City, NC 28713
TELEPHONE: (828) 488-0418 **VMO** _____ **COUNTY** Swain
TYPE FACILITY: Animal Shelter ☑ **Boarding Kennel** ☐ **Dealer** ☐ **Pet Shop** ☐ **Public Auction** ☐
Number of Primary Enclosures 15 **Animals Present: Dogs** 15 **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

☑ **APPROVED** ☐ **DISAPPROVED** Date: 7-11-07 Time: 1:15 pm

Veterinarian: DR. SMITH DVM Telephone: (828) 488 6018

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

AW-2
Rev. 7/01 White= Office Canary= Inspector Pink= Owner