

**Type of Inspection**

- New
- Annual
- Follow-Up \_\_\_\_\_  
(Prev. Inspection Date)
- Complaint
- Courtesy
- Random

NCDA&CS, VETERINARY DIVISION  
 1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030  
 PHONE: 919/733-7601, FAX: 919/733-2277

- INDOOR
- OUTDOOR
- BOTH

**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N: 34.98050 W: 80.46603

QBSP Number -  -  -  -  -

BUSINESS NAME: UNION Co ANIMAL SHELTER LICENSE #: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: 3340 PRESSON RD MONROE NC 28112

TELEPHONE: (704) 283-2308 VMO \_\_\_\_\_ COUNTY UNION

TYPE FACILITY: Animal Shelter  Boarding Kennel  Dealer  Pet Shop  Public Auction

Number of Primary Enclosures 147 Animals Present: Dogs 35 Cats 24

**Inspector: Mark "X" in box, if adequate. Circle item number, if inadequate. Use NA if not applicable**

- |   |   |   |
|---|---|---|
| <p><b>STRUCTURE</b></p> <p><u>Housing Facilities</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. Structure &amp; Repair</li> <li><input checked="" type="checkbox"/> 2. Ventilation &amp; Temp.</li> <li><input checked="" type="checkbox"/> 3. Lighting</li> <li><input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors</li> <li><input checked="" type="checkbox"/> 5. Storage</li> <li><input checked="" type="checkbox"/> 6. Water Drainage</li> </ul> <p><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 7. Structure &amp; Repair</li> <li><input checked="" type="checkbox"/> 8. Space</li> <li><input checked="" type="checkbox"/> 9. Ventilation &amp; Temp.</li> <li><input checked="" type="checkbox"/> 10. Adequate Shelter</li> </ul> | <p><b>SANITATION</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 11. Waste Disposal</li> <li><input checked="" type="checkbox"/> 12. Odor</li> <li><input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors</li> <li><input checked="" type="checkbox"/> 14. Primary Enclosures</li> <li><input checked="" type="checkbox"/> 15. Equipment &amp; Supplies</li> <li><input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins</li> <li><input checked="" type="checkbox"/> 17. Insect/Vermin Control</li> <li><input checked="" type="checkbox"/> 18. Building &amp; Grounds</li> </ul> <p><b>HUSBANDRY</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 19. Adequate Feed/Water</li> <li><input checked="" type="checkbox"/> 20. Food Storage</li> <li><input checked="" type="checkbox"/> 21. Personnel</li> <li><input checked="" type="checkbox"/> 22. Animals' Appearance</li> </ul> | <p><b>SPECIAL ITEMS</b></p> <p><u>Records</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 23. Description of Animals</li> <li><input checked="" type="checkbox"/> 24. Records/Vet Treatment</li> <li><input checked="" type="checkbox"/> 25. Origin/Disposition</li> <li><u>N/A</u> 26. Signature (boarding kennel)</li> </ul> <p><u>Transportation</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 27. Care in Transit Discussed</li> </ul> <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 28. Isolation Facility</li> <li><input checked="" type="checkbox"/> 29. No Signs of Illness/<br/>Treated</li> </ul> |
|---|---|---|

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed

APPROVED  DISAPPROVED Date: Nov 9, 2007 Time: 11:14

Veterinarian: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Shelley J. Swain \_\_\_\_\_  
 Inspector's Signature Owner/Authorized Agent's Signature