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: 35.92291 W: 81.19008

QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: ALEXANDER Co ANIMAL SHELTER LICENSE #: _____

OWNER: _____

ADDRESS: 116 WAGGIN TRAIL TAYLORSVILLE NC 28681

TELEPHONE: (828) 632-1199 VMO _____ COUNTY ALEXANDER

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

Number of Primary Enclosures 20 Animals Present: Dogs 20 Cats 10

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
9 2	POOR VENTILATION IN MAIN KENNEL AREA - INCREASE VENTILATION	
7 3	CONCRETE FLOORS ARE UNSEALED - SEAL MAKING IMPERVIOUS TO MOISTURE AND EASILY SANITIZED	
7	WOODEN RESTING BENCH IN CAT KENNEL - REPAINT OR REPLACE	
12	ODOR IN KENNEL AREA DUE TO POOR VENTILATION AND ~~BU~~ FELES IN KENNELS - INCREASE VENTILATION AND REMOVE WASTE FROM KENNELS AND CLEAN MORE OFTEN	
19	DOGS AND PUPPIES FED ON THE FLOOR - THERE MUST BE AT LEAST ONE FEED RECEPTACLE FOR EACH ADULT DOG - MUST BE DURABLE AND KEPT CLEAN AND SANITIZED	
22	WET PUPPIES - IF HOSING OR FLUSHING METHOD IS USED TO CLEAN - ANIMALS MUST BE REMOVED FROM PRIMARY ENCLOSURE	

☐ APPROVED ☒ DISAPPROVED Date: 12/19/2006 Time: 15:06

Veterinarian: _____ Telephone: (____)_____-_____

Shelley J Swann
Inspector's Signature

Peter [signature]
Owner/Authorized Agent's Signature

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner

P-1 of 2

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

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PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR □
OUTDOOR □
BOTH □

ANIMAL WELFARE INSPECTION

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

BUSINESS NAME: ALEXANDER CO ANIMAL SHELTER **LICENSE #:** _____
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____ **VMO** _____ **COUNTY** _____
TYPE FACILITY: Animal Shelter □ **Boarding Kennel** □ **Dealer** □ **Pet Shop** □ **Public Auction** □
Number of Primary Enclosures _____ **Animals Present: Dogs** _____ **Cats** _____

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
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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
21	A SUFFICIENT # OF EMPLOYEES IS NEEDED TO MAINTAIN PROPER HUSBANDRY -	
25	SOME ADOPTION & RECLAIM PAPER WORK LACKED DISPOSITION INFORMATION - RECORD COMPLETE INFORMATION WHEN DISPOSITION IS PERFORMED	
OTHER:	SECURE CO_2 TANKS	
	A FORMAL TIMELINE OUTLINING CORRECTIONS AND DATES SHALL BE SUBMITTED TO THIS OFFICE BY JAN 16, 2007 WHEN HUSBANDRY ISSUES HAVE BEEN ADDRESSED & CORRECTED WILL RE-INSPECT	

□ **APPROVED** ☒ **DISAPPROVED** Date: 12/19/2006 Time: 15:06

Veterinarian: _____ Telephone: (_____)_____-_____

Shelley J. Swann
Inspector's Signature

[signature]
Owner/Authorized Agent's Signature

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner

P2-2