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: 35.88142 W: 80.54078
QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: DAVIE 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
☐ 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
(11) (18)	DIRTY CAT LITTER IS BEING DUMPED AND HAS ACCUMULATED OUTSIDE OF KENNEL AREA. REC - IMMEDIATE REMOVAL AND PROPER DISPOSAL	11/8/06
(14)	LITTER BOXES MUST BE EMPTIED AND CLEANED DAILY	11/8/06
(28)	NO DESIGNATED ISOLATION AREA FOR DOGS.	11/8/06
(7)	WOODEN RESTING BENCHES ARE BEING REPLACED - COMPLETED BY NEXT FISCAL YEAR	
(19)	REPLACE COMBO FEED AND WATER RECEPTICALS WITH INVIDUAL SEPERATE FEED & WATER CONTAINERS THAT CAN BE CLEANED & DISENFECTED DAILY	
(23)	BETTER DESCRIPTION OF ANIMALS NEEDED ON SOME REGISTRY CARDS	11/8/06

☐ APPROVED ☐ DISAPPROVED Date: 11/1/06 Time: 13:00

Veterinarian: EMILY ROBERSON DVM Telephone: (336) 940-3442

Shelley Swaim
Inspector's Signature

M. W. C
Owner/Authorized Agent's Signature

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

Type of Inspection
New ☒
Annual ☐
Follow-Up _____
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Complaint ☐
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ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.88142 **W:** 80.54078
QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: DAVIE CO ANIMAL SHELTER **LICENSE #:** _____
OWNER: MARK CRATER / DAVIE CO.
ADDRESS: 465 EATON RD MOCKSVILLE NC
TELEPHONE: (_____) _____ - _____ **VMO** _____ **COUNTY** DAVIE
TYPE FACILITY: **Animal Shelter** ☒ **Boarding Kennel** ☐ **Dealer** ☐ **Pet Shop** ☐ **Public Auction** ☐
Number of Primary Enclosures 23 (6 cat Q) **Animals Present:** **Dogs** 7 **Cats** 12

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) N/A

Transportation
☒ 27. Care in Transit Discussed

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

AMBIENT TEMP = 65°F CO IS ONLY METHOD OF EUTHANASIA

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1)	FACILITY IS UNABLE TO RESTRICT THE ENTRANCE OF OTHER ANIMALS AND PEOPLE AND ANIMALS HAVE ACCESS TO OUTDOOR ENCLOSURES- RECOMMENDATION: AT LEAST A FIVE FOOT PERIMETER FENCE AROUND FACILITY AND ELIMINATING EXSISTING DROP OFF AREA FOR ONE NOT ALLOWING ACCESS TO FACILITY-	2/07
(2)	CATS ARE NOW HOUSED IN KENNEL AREA IN FULL VIEW OF DOGS - REC - AT LEAST A VISUAL BARRIER AND INSTALATION OF A FAN TO HELP VENTILATE AREA IN THE WARMER MONTHS. VISUAL BARRIER	1/07 FAN 4/07
(5)	NO ADEQUATE STORAGE - RECOMMEND STORAGE FACILITY -	12/07
(6)	OPEN TROUGH DRAINAGE SYSTEM PRESENTS THREAT OF CROSS CONTAMINATION REC-SUBMIT NEW CLEANING PROTOCOL WHICH REDUCES CONTAMINATION AND/OR ELIMINATE OR MODIFY TROUGH SYSTEM-	1/07

☐ **APPROVED** ☒ **DISAPPROVED** Date: 11/1/06 Time: 13:00

Veterinarian: EMILY R. ROBERSON DVM Telephone: (336) 940-3442

Shelley Swain
Inspector's Signature

M.S.
Owner/Authorized Agent's Signature

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

Type of Inspection
New ☐
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ANIMAL WELFARE INSPECTION

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

BUSINESS NAME: DAVIE CO CONT. **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

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Housing Facilities
☐ 1. Structure & Repair
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Primary Enclosures
☐ 7. Structure & Repair
☐ 8. Space
☐ 9. Ventilation & Temp.
☐ 10. Adequate Shelter

SANITATION
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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1) & (7)	CONCRETE FLOORS & BLOCK ARE CRACKED AND UNSEALED REC - REPAIR AND SEAL [redacted] MAKING SURFACES IMPERVIOUS TO MOISTURE	1-1-07
	IMPROVEMENTS MADE SINCE COURTESY INSPECTION ON 5/30/06 - OUTSIDE OF SHELTER HAS BEEN PAINTED - WORKING BATHROOM - SINK AND HOT WATER HEATER (2 gal) HAVE BEEN INSTALLED	

☐ **APPROVED** ☐ **DISAPPROVED** Date: 11/1/06 Time: 13:00

Veterinarian: EMILY ROBERSON DVM Telephone: (336) 940-3442

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