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: 35.31219 W: 81.20070
QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: GASTON CO ANIMAL SHELTER LICENSE #: 37
OWNER: CO POLICE / REGGIE HORTON
ADDRESS: 220 LEISURE LANE DALLAS NC 28034
TELEPHONE: (704) 922-9716 VMO _____ COUNTY GASTON
TYPE FACILITY: Animal Shelter ☒ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 75 Animals Present: Dogs 93 Cats 41
1 horse

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
N/A 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
4 7	Concrete floors throughout facility, Kennel area, adoptable cat area are damaged and unsealed - repair or replace and seal on paint making impervious to moisture.	
6	Areas of poor drainage throughout facility	
4	Poor Ventilation - Recovering area and quarantine area esp.	
12	A odor in adoption cat area due to poor ventilation	
17	Signs of rodent infestation noted in Euthanasia area Clean up spilled feed - institute effective program to control rodent population	

☒ APPROVED ☐ DISAPPROVED Date: 11/29/2006 Time: 14:35

Veterinarian: Bob Neunzig DVM Telephone: (704) 629-5390

Shelley Swaim
Inspector's Signature

Reggie Horton
Owner/Authorized Agent's Signature

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

1-2

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: ☐☐.☐☐☐☐☐ **W:** ☐☐.☐☐☐☐☐

QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: GASTON Co **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
19	At present automatic feeders are being used for adult dogs - will verify if this acceptable as per AWA	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 11/29/2006 Time: 14:35

Veterinarian: _____ Telephone: (____) _____

Shelly J Swaine
Inspector's Signature

[signature]
Owner/Authorized Agent's Signature

AW-2
Rev. 2/05

White= Office Canary= Inspector Pink= Owner

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