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: 35.35196 W: 81.95045

QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: RUTHERFORD CO ANIMAL SHELTER LICENSE #: _____
OWNER: SHERIFF'S DEPT Sgt. JAMES GREENE
ADDRESS: 576 LAUREL HILL DRIVE
TELEPHONE: (828) 287-6025 VMO _____ COUNTY _____
TYPE FACILITY: Animal Shelter ☒ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 34 Animals Present: Dogs 29 Cats 36

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 N/A
- ☐ 29. No Signs of Illness/ Treated

LANDFILL AMBIENT TEMP 70

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1	CONCRETE FLOORING CRACKED & CHIPPED UNSEALED REC: REPAIR AND SEAL OR PAINT MAKING IMPERVIOUS TO MOISTURE	
2 & 9	POOR VENTILATION IN BITE HOUSE & ADOPTION CAT AREA - REC: INCREASE VENTILATION	
6	STANDING WATER BETWEEN BITE HOUSE & MAIN KENNEL AREA REC - REPAIR/OR REPLACE GUTTERING & DOWNSPOUT	
7	CHAIN LINK DAMAGED IN SOME PRIMARY ENCLOSURES REC: REPAIR OR REPLACE	
8	TOO MANY CATS IN STRAY CAT KENNEL - ↓ NUMBER TO 12 ON EACH SIDE	
14	PRIMARY ENCLOSURES ARE CONSTRUCTED IN A WAY THAT MAKES	

☐ APPROVED ☒ DISAPPROVED Date: 12/4/2006 Time: 12:00

Veterinarian: LANNY D WALKER DVM Telephone: (828) 245-9505

Shelley J Swaim
Inspector's Signature

S. James Greene 69053
Owner/Authorized Agent's Signature

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

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

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INDOOR ☐
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

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

BUSINESS NAME: RUTHERFORD Co **LICENSE #:** _____
OWNER: S
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

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Primary Enclosures
☐ 7. Structure & Repair
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☐ 28. Isolation Facility
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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	CROSS CONTAMINATION UNAVOIDABLE - DRAINAGE SYSTEM SHALL BE CONSTRUCTED TO PREVENT CROSS-CONTAMINATION AMONG ANIMALS.	
(14)	STRAY CATS NEED A MINIMUM OF ONE RECEPTACLE CONTAINING CLEAN LITTER PER 3 CATS	
(25)	DISPOSITION OF RESCUED ANIMALS NEED TO SHOW NAME & ADDRESS AND DATE	
(29)	SICK KITTENS IN ADOPTION CATS - IF GOING TO HOLD MUST ISOLATE & TREAT -	
(21)	A SUFFICIENT NUMBER OF EMPLOYEES ARE NEEDED TO MAINTAIN THE PRESCRIBED LEVEL OF HUSBANDRY PRACTICES SET FORTH IN THE ANIMAL WELFARE ACT.	

TIME LINE BY 1/1/07

☐ **APPROVED** ☒ **DISAPPROVED** Date: 12/4/2006 Time: 13:32

Veterinarian: LANNY D WALKER DVM Telephone: (____)_____-_____

Shelley Swann
Inspector's Signature

Sgt Jamie S Greene 6908
Owner/Authorized Agent's Signature

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