Type of Inspection
New ☐
Annual ☐
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐
Courtesy X
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: Valley River Humane LICENSE #:
OWNER: Cherokee Clay Swain Graham
ADDRESS: 7450 US 19 Marble 28905
TELEPHONE: (828) 837-2304 VMO _____ COUNTY Cherokee
TYPE FACILITY: Animal Shelter X Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 48 Animals Present: Dogs >150 Cats 40

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

STRUCTURE

Housing Facilities
- ☐ 1. Structure & Repair
- X 2. Ventilation & Temp.
- X 3. Lighting
- X 4. Ceiling, Wall, Floors
- ☐ 5. Storage
- ☐ 6. Water Drainage

Primary Enclosures
- ☐ 7. Structure & Repair
- ☐ 8. Space
- X 9. Ventilation & Temp.
- X 10. Adequate Shelter

SANITATION
- X 11. Waste Disposal
- X 12. Odor
- X 13. Ceiling, Wall, Floors
- X 14. Primary Enclosures
- X 15. Equipment & Supplies
- X 16. Washrooms, Sinks, Basins
- X 17. Insect/Vermin Control
- ☐ 18. Building & Grounds

HUSBANDRY
- X 19. Adequate Feed/Water
- X 20. Food Storage
- ☐ 21. Personnel
- X 22. Animals' Appearance

SPECIAL ITEMS

Records
- X 23. Description of Animals
- X 24. Records/Vet Treatment
- X 25. Origin/Disposition
- N/A 26. Signature (boarding kennel)

Transportation – Pertains to C+
- X 27. Care in Transit Discussed

Veterinary Care
- X 28. Isolation Facility
- X 29. No Signs of Illness/ Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1)	Cracks & Chips / Paint Resealed Floors in Kennel area	
(5)	Better & more storage needed –	
(10)	Standing water in Kennel area	
(11)	Chain link w primary kennels need to be repaired or replaced (In process)	
(12)	Kennels overcrowded.	
(17)	Rats around hay & horse feed storage	
(18)	Clutter & debri – need to be cleaned up and disposed of	
	Euthanasia By Injection – Incinerator	

☐ APPROVED ☐ DISAPPROVED Date: 6/30/06 Time: 11:00

Veterinarian: _____ Telephone: (____) _____-_____

Shelley Swain
Inspector's Signature

Owner/Authorized Agent's Signature

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