ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35°7'45.45" W: 81°6'47.73"

LICENSE #: 542

TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

BUSINESS NAME: Burke Co. Animal Shelter

OWNER: Steve Plasscy (Sheriff Dept)

ADDRESS: 425 Kirksey Dr. Morganant 28605

TELEPHONE: (828) 928-5405

VMO: Swaim

COUNTY: Burke

Number of Primary Enclosures: 36 | Animals Present: Dogs: 14 | Cats: 5

Inspector: Mark “X” in each box, if adequate. Circle each 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
☐ 1. Structure & Repair
☐ 8. Space
☐ 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. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☐ 23. Animals’ Appearance

SPECIAL ITEMS

Records
☐ 23. Description of Animals
☐ 24. Records/Vct Treatment
☐ 25. Origin-Disposition
☐ 26. Signature (boarding kennel)
☐ 27. Written permission from owner for commingling (doggie daycare)

Transportation
☐ 28. Care in Transit Discussed

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

☑ APPROVED ☐ DISAPPROVED

Date: 01/22/2007 Time: 18:43

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE ___ OF ___
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 54**
**TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □**

**BUSINESS NAME:** Rupert 8i Animal Shelter

**OWNER:** Steve Massey

**ADDRESS:** 435 Massey Dr, Morganton 28655

**TELEPHONE:** (828) 438-5465

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>- Sanitation is complete - Outside perimeter fence should begin installation within the month - Painting &amp; sealing scheduled for 2007-2008</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1. Thermometers have been installed in kennel area and cat room 2. Ventilation is improved greatly throughout facility - See attached for additional budgeted repairs 3. Great job in an older facility</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ DISAPPROVED**

Date: 6/22/2007 Time: 18:43

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]

**AW-2**

Rev. 1/07

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Canary= Inspector

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