NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.89303 W: 81.55895

LICENSE #: 61
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Caldwell Co. Animal Shelter
OWNER: Caldwell Co. Animal Care
ADDRESS: 829 Fairview Drive, Sanford, NC 27330
TELEPHONE: (910) 282-8665
VMO: Caldwell
COUNTY: Caldwell

Number of Primary Enclosures: 36 Animals Present: Dogs: 7 Cats: 18

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
7. 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

SPECIAL ITEMS

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

Records

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

Transportation

29. Care in Transit Discussed

Veterinary Care

30. Isolation Facility
31. No Signs of Illness/Treated

Date: 2/4/09 Time: 9:00 a.m.

INSPECTOR'S SIGNATURE

OWNER/AUTHORIZED AGENT'S SIGNATURE

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 61  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Caldwell County Animal Shelter  
**OWNER:**  
**ADDRESS:** 829 False Drive, Southeast Lenoir, NC  
**TELEPHONE:** (828) 252-8647

<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></td>
<td>Good job on records.</td>
<td></td>
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<tr>
<td></td>
<td>Do a check on improvements, painting &amp; scaling</td>
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<tr>
<td></td>
<td>Keep food in sealed containers</td>
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<tr>
<td></td>
<td>Do a check on painting &amp; sealing while here.</td>
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<tr>
<td></td>
<td>Call when you get improvements done.</td>
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</tbody>
</table>

**APPROVED**

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

**Date:** 2/19/89  
**Time:** 9:06 AM

AW-2  
Rev. 1/07  
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