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: 35.68946 W: 81.26856

LICENSE #: 80
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Humane Society of Catawba Co
OWNER: Jane Boevers
ADDRESS: 3224 20th Ave SE PO. Box 63 Hickory NC
TELEPHONE: (828) 469-8878
VMO Hunter
COUNTY Catawba

Number of Primary Enclosures 45 Animals Present: Dogs 77 Cats 60

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

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)

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

TRANSPORTATION

29. Care in Transit Discussed

VETERINARY CARE

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

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

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 3/16/10 Time: 3:30
Policy & Procedure Manual is now in place and is 100% complete. All euthanasia is performed on site by DVM.

#8) Make sure # of animals is sufficient for the size of the enclosure. (2-4 depending on size)

#17) Area where strays are held needs to be constructed so that there is no cross-contamination between runs. Re-seeding or gravel in exercise yards.

Approved

Mary Stann
Inspector's Signature

Conditionally Approved

Canary= Inspector

Disapproved

Date: 3-16-10
Time: 3:50

Owner/Authorized Agent’s Signature

Rev. 1/07

White= Office

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