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°41'923" W: 80°08'926"

LICENSE #: 104723
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Rolling Meadow Kennels
OWNER: Hazel, and Barbara Jumper
ADDRESS: 188 Longham Industrial Drive Denston
TELEPHONE: (336) 857-5530
VMO □
COUNTY: Davidson

Number of Primary Enclosures 24     Animals Present: Dogs 33     Cats 0

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

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

HUSBANDRY
28. Care in Transit Discussed

VETERINARY CARE
28. Isolation Facility
29. No Signs of Illness/Treated

APPROVED □ DISAPPROVED
Date: Dec 9, 2008     Time: 09:26

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10473**  
**TYPE FACILITY: Animal Shelter (Private/Public)**  
**Boarding Kennel**  
**Pet Shop**  
**Public Auction**  
**BUSINESS NAME:** Rolling Meadow Kennels

**OWNER:**  
**ADDRESS:**  
**TELEPHONE:** (____) ____-______

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circed items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>No description of animal on owner records - add description on owner records</td>
<td>done @ time of inspection</td>
</tr>
<tr>
<td>24</td>
<td>No time on the records - add time to the records</td>
<td>done @ time of inspection</td>
</tr>
<tr>
<td>25</td>
<td>Outside Kennel #1 is posted and some areas are dirty making sanitation difficult - sand and repair.</td>
<td></td>
</tr>
</tbody>
</table>

- Rolling Covers have been replaced - through cleaning system has now been covered maintaining cross contamination.  
- Damaged equipment has been replaced.  
- Debris and trash has been removed.

Pre-Teamed Pits Rescue is also operated here.  

Submit additional application for shelter license. Please have completed application in this office by 12/18/08.

**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**  

**Approval Date:** 12/18/08  
**Time:** 09:36

**Shelley Swain**  
**Inspector’s Signature**

**Bodine Simpson**  
**Owner/Authorized Agent’s Signature**

**AW-2**  
**Rev. 1/07**

**White= Office**  
**Canary= Inspector**  
**Pink= Owner**

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