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: 35.61924 W: 80.08926

LICENSE #: 10473
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Rolling Meadows Kennel
OWNER:
ADDRESS: 148 Bingham Industrial Benton
TELEPHONE: (864) 859-5536
VMO DAVIDSON COUNTY

Number of Primary Enclosures 20 Animals Present: Dogs 21 Cats

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
☐ ☒ Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☐ ☒ Animals’ Appearance

RECORDS

☐ 24. Description of Animals
☐ 23. Records/Vet Treatment
☐ 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
☐ ☒ 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

APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 3/10/08 Time: 12:33

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**

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

<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>5</td>
<td>DAMAGED RESTING BOARDS - REPLACE AS NEEDED MISSING RESTING BOARDS EXPOSING OPEN TROUGH DRAINAGE SYSTEM AND CROSS CONTAMINATION REPLACE RESTING BOARDS IN THESE KENNELS</td>
<td>April 2008</td>
</tr>
<tr>
<td>6</td>
<td>DAMAGED CHAINLINK IN OUTSIDE KENNELS - SOME HAVE BEEN REMOVED HOWEVER THERE ARE EXPOSED SHARP EDGES THAT COULD CAUSE INJURY, REPAIR THESE AREAS OF FENCING AWAY TO MINIMIZE EXPOSED SHARP METAL</td>
<td>April 2008</td>
</tr>
<tr>
<td>11</td>
<td>DEBRIS, TRASH AND BUILDING SCRAPS ACCUMULATED BOTH INSIDE AND OUTSIDE PERIMETER FENCING, KEEP PREMISES FREE OF ACCUMULATIONS OF TRASH, LUNK, WASTE PRODUCTS AND DISCARDED MATTER</td>
<td>April 2008</td>
</tr>
<tr>
<td>15</td>
<td>ADD TIME AND INITIALS TO TREATMENTS RECORD DUE AT TIME OF INSPECTION</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ DISAPPROVED** Date: **March 10, 2008** Time: **12:33**

**Inspector's Signature**

**Owner/Authorized Agent’s Signature**

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

White= Office
Canary= Inspector
Pink= Owner

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