DA&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° 88' 14.2" W: 80° 54' 0.78"

LICENSE #: 42
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Davie Co Animal Shelter
OWNER: Christie Glass
ADDRESS: 465 Eaton Rd Mocksville
TELEPHONE: (336) 477-4282
VMO Hunter
COUNTY Davie

Number of Primary Enclosures 27 Animals Present: Dogs 9 Cats 4

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. 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


APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 8/5/08 Time: 8:46

Inspector’s Signature: ”
Owner/Authorized Agent’s Signature: 

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

PAGE 1 OF 7
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** LZ  
**TYPE FACILITY:** Animal Shelter (Private/Public) ❑ Boarding Kennel ❑ Pet Shop ❑ Public Auction ❑  
**BUSINESS NAME:** DADE CO ANIMAL SHELTER  
**OWNER:** CONT  
**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>Fan has been installed in cat room - ventilation is greatly improved and is adequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Litter and accessories have been moved to storage building</td>
<td></td>
<td></td>
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<tr>
<td>Kittens look healthy no signs of URI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Repair drop off kennel gate - parts have arrived</td>
<td></td>
<td></td>
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<tr>
<td>☑ Intake information and description of animals complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Recent rat burrows at back of shelter - there are rat bait traps set</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Approved*  
**Inspector’s Signature**  
Sherry White  
**Owner/Authorized Agent’s Signature**  
Christine Sill  
**Date:** 8/21/08  
**Time:** 5:46  
**White= Office**  
**Canary= Inspector**  
**Pink= Owner**

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