ANIMAL WELFARE INSPECTION

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: 35.31219 W: 81.2070

LICENSE #: 37
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Gaston Co Animal Shelter
OWNER: Co Police
ADDRESS: 220 Leisure Lane Dallas
TELEPHONE: (704) 922-9714
VMO Swain
COUNTY Gaston

Number of Primary Enclosures 75 Animals Present: Dogs 96 Cats 79

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

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

□ 28. Care in Transit Discussed

TRANSPORTATION

□ 28. Isolation Facility
□ 29. No Signs of Illness/Treated

VETERINARY CARE

Approved □ Disapproved □

Date: Oct 15, 2007 Time: 12:43

Shelley Swain

Inspector’s Signature

Owner/Authorized Agent’s Signature

Shelley Swain

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

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

**LICENSE #: 37**  
**TYPE FACILITY: Animal Shelter (Private/Public)**

**BUSINESS NAME:** Gaston Co Animal Shelter  
**OWNER:**  
**ADDRESS:** CONT  
**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>③</td>
<td>Cat Numbers are within limits</td>
<td></td>
</tr>
<tr>
<td>④</td>
<td>Litter pans have been added</td>
<td></td>
</tr>
<tr>
<td>④</td>
<td>Guilt Guillotine doors have not been repaired but supplies have been purchased - have doors repaired by: Nov 1, 2007</td>
<td></td>
</tr>
<tr>
<td>⑤</td>
<td>No wet animals observed</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ DISAPPROVED**  
**Date:** Oct 15, 2007  
**Time:** 12:43  

**Shelley J. Swan**  
**Inspection’s Signature**  

**Susan Ken**  
**Owner/Authorized Agent’s Signature**

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

**PAGE 2 OF 2**