ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36°08'19" W: 79°54'27"

LICENSE #: 57
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Humane Society of the Piedmont
OWNER: 4527 W Wendover Ave
ADDRESS: Hunter
COUNTY: HUNTER

Number of Primary Enclosures 10 Animals Present: Dogs 2 Cats 3

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 □ DISAPPROVED Date: 10/1/2016 Time: 13:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 57  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Human Society  
**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></td>
<td><em>Therapy is performed only by a licensed veterinarian</em></td>
<td></td>
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<tr>
<td></td>
<td><em>Therapy Manual is available and complete</em></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**DISAPPROVED**  
**Date:** Oct/90  
**Time:** 13:00  
**Inspector’s Signature:**  
**Owner/Authorized Agent’s Signature:**  

AW-2  
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