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: 34.07608 W: 79.43521

LICENSE #: 96
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: SPCA of the Pied
OWNER: 3163 Henes Chapel Road Greensboro
ADDRESS: 3163 Henes Chapel Road Greensboro
TELEPHONE: (336) 375-3222
VMO □ COUNTY □

Number of Primary Enclosures 600 Animals Present: Dogs 17 Cats 26

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 Storage □
5. 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
22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
23. Animals’ Appearance

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: 1/10 Time: 10:40

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 34
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 916  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** SPCA of the Piedmont  
**OWNER:** Cont  
**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>521.0201(d)</td>
<td>Supplies of food and feeding, shall be stored in facilities which adequately protect such supplies against contamination or contamination. All open bags of food shall be stored in airtight containers with lids.</td>
<td></td>
</tr>
<tr>
<td>521.0202(d)</td>
<td>Open bags of food and treats not of during inspection. Accessories and bedding are stored on open shelving and/or on tops of goat tanks and are exposed to contamination from free roaming cats.</td>
<td></td>
</tr>
<tr>
<td>521.0202(d)</td>
<td>Interior feeding surfaces of indoor area with which animals come in contact shall be constructed and maintained so that they are impermeable to moisture and can be readily sanitized.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cats from the cat room were allowed free access to offices, break room, surgery, and treatment area. Surfaces in these areas are not impermeable and easily sanitized. Do not allow cats to have access to these areas.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dog room was cluttered with accessories and supplies (shelter, end office) making cleaning and sanitation difficult.</td>
<td></td>
</tr>
</tbody>
</table>

**DISAPPROVED**  
**Date:** 1/7/16  
**Time:** 10:16  
**Inspector's Signature:** Sheryl M. Sexton  
**Owner/Authorized Agent's Signature:** Brenda M. Offerman  

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

**PAGE 2 OF 34**
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 96  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**Boarding Kennel**  
**Pet Shop**  
**Public Auction**  
**BUSINESS NAME:** SPCA of the Pied

**OWNER:**  
**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>521.0208(7)</td>
<td>All animals shall be confined in primary enclosures or exercise areas. Do not allow cats access to office areas, surgical suite, treatment area, or treatment room.</td>
<td></td>
</tr>
<tr>
<td>521.0203(a)</td>
<td>Gravel maybe used if maintained at a minimum of ½ inch - Some areas of the outside enclosures need gravel added.</td>
<td></td>
</tr>
<tr>
<td>521.0801</td>
<td>Any animal shelter performing euthanasia shall have a current policy and procedure manual about euthanasia.</td>
<td></td>
</tr>
</tbody>
</table>

Euthanasia is performed by a veterinarian at this facility, however a policy and procedure manual is still required.

- [ ] APPROVED  
- [ ] CONDITIONALLY APPROVED  
- [X] DISAPPROVED  
**Date:** 11/10  
**Time:** 10:16

**Inspector's Signature:**  
**Owner/Authorized Agent’s Signature:**

---

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

**PAGE 3 OF 31**