

**NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431**

| |
|--|
| INDOOR <input checked="" type="checkbox"/> |
| OUTDOOR <input type="checkbox"/> |
| BOTH <input type="checkbox"/> |

| | |
|---------------------------|-------------------------------------|
| Type of Inspection | |
| New | <input type="checkbox"/> |
| Annual | <input checked="" type="checkbox"/> |
| Follow-Up | <input type="checkbox"/> |
| (Prev. Inspection Date) | |
| Complaint | <input type="checkbox"/> |
| Courtesy | <input type="checkbox"/> |
| Random | <input type="checkbox"/> |

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.47319

W: 83.00492

ENTERED

LICENSE #: 51
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Haywood County Animal Shelter
 OWNER: Haywood Co.
 ADDRESS: 245 Hemlock St
 TELEPHONE: (828) 456-5338
 VMO: Hunter
 COUNTY: Haywood

Number of Primary Enclosures 53 Animals Present: Dogs 28 Cats 13

**Inspector: Mark "X" in each box, if adequate.
 Circle each item number, if inadequate.
 Use NA if not applicable**

STRUCTURE

SANITATION

SPECIAL ITEMS

Housing Facilities

- 1. Structure & Repair
- 2. Ventilation & Temp.
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

- 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

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)

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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

Transportation

- 29. Care in Transit Discussed

Veterinary Care

- 30. Isolation Facility
- 31. No Signs of Illness/Treated

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date: 12-5-10 Time: 12:00

Mary G. Stamey
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature

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

