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°13.219  W: 83°04.680

LICENSE #: 73
TYPE FACILITY: Animal Shelter (Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Cashiers Highlands Humane Society
OWNER: Cassie Welsh - Director
ADDRESS: PO Box 638, Cashiers NC
TELEPHONE: (828) 243-5752
VMO Hunter
COUNTY Jackson

Number of Primary Enclosures: 33  Animals Present: Dogs: 20  Cats: 41

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

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)

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

HUSBANDRY

VETERINARY CARE

Transportation

☐ 29. Care in Transit Discussed

☑ 30. Isolation Facility
☐ 31. No Signs of Illness/
   Treated

☐ APPROVED  ☒ CONDITIONALLY APPROVED  ☐ DISAPPROVED

Date: 11/6  Time: 1:00

Mary Starnes
Inspector's Signature

Karen Woodrow
Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner

PAGE 1 OF 2
**License #: 73**

**Type Facility:** Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □

**Business Name:** Cashiers Highlands Humane Society

**Owner:** Cassie Welsh - Director

**Address:** P.O. Box 638 Cashiers N.C.

**Telephone:** (828) 743-5752

<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>#7</td>
<td>Bottom rails on most of outdoor runs in main facility need to be repaired or replaced. Rusted and broken areas are hazardous to animals.</td>
<td></td>
</tr>
<tr>
<td>#8</td>
<td>Number of cats per enclosure need to be max of 12</td>
<td></td>
</tr>
<tr>
<td>#14</td>
<td>Primary enclosures where cats are kept; all climbing trees and resting surfaces that are wood need to be taken out and replaced with material impervious to moisture.</td>
<td></td>
</tr>
<tr>
<td>#18</td>
<td>Outside runs where bare dirt is present needs to have gravel added 6&quot; (Sanitation)</td>
<td></td>
</tr>
<tr>
<td>#20</td>
<td>Food needs to be stored in sealed containers away from and out of primary enclosures</td>
<td></td>
</tr>
<tr>
<td>#26</td>
<td>More info needed on where strays are picked up. (Landmarks)</td>
<td></td>
</tr>
</tbody>
</table>

60 days re-inspect.

**Approved:**

**Conditionally Approved:**

**Disapproved:**

**Date:** 11/6

**Time:** 1:00

**Inspector’s Signature:**

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

**AW-2**

**Rev. 1/07**

**White= Office**

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