

INDOOR
OUTDOOR
BOTH

PLEASE PRINT NAME

Type of Inspection
New
Annual
Follow-Up 7/06
(Prev. Inspection Date)
Complaint
Courtesy
Random

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:
QBSP Number - - - - -

BUSINESS NAME: LENOIR CO. SPCA / LENOIR CO. ANIMAL SHELTER LICENSE #: 73
OWNER: MGR. - MS. CAMILLA JOHNSON
ADDRESS: PO BOX 1481 KENNESAW NC 28502
TELEPHONE: (252) 522-0787 VMO J. K. ... COUNTY LENOIR
TYPE FACILITY: Animal Shelter Boarding Kennel Dealer Pet Shop Public Auction
Number of Primary Enclosures 50 Animals Present: Dogs 50 Cats 10

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

- | | | |
|--|--|--|
| STRUCTURE | SANITATION | SPECIAL ITEMS |
| <u>Housing Facilities</u> | <input checked="" type="checkbox"/> 11. Waste Disposal | <u>Records</u> |
| <input checked="" type="checkbox"/> 1. Structure & Repair | <input checked="" type="checkbox"/> 12. Odor | <input checked="" type="checkbox"/> 23. Description of Animals |
| <input checked="" type="checkbox"/> 2. Ventilation & Temp. | <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors | <input checked="" type="checkbox"/> 24. Records/Vet Treatment |
| <input checked="" type="checkbox"/> 3. Lighting | <input checked="" type="checkbox"/> 14. Primary Enclosures | <input checked="" type="checkbox"/> 25. Origin/Disposition |
| <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors | <input checked="" type="checkbox"/> 15. Equipment & Supplies | <input checked="" type="checkbox"/> 26. Signature (boarding kennel) |
| <input checked="" type="checkbox"/> 5. Storage | <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins | <u>Transportation</u> |
| <input checked="" type="checkbox"/> 6. Water Drainage | <input checked="" type="checkbox"/> 17. Insect/Vermin Control | <input checked="" type="checkbox"/> 27. Care in Transit Discussed |
| <u>Primary Enclosures</u> | <input checked="" type="checkbox"/> 18. Building & Grounds | <u>Veterinary Care</u> |
| <input type="checkbox"/> 7. Structure & Repair | HUSBANDRY | <input checked="" type="checkbox"/> 28. Isolation Facility |
| <input checked="" type="checkbox"/> 8. Space | <input checked="" type="checkbox"/> 19. Adequate Feed/Water | <input checked="" type="checkbox"/> 29. No Signs of Illness/ Treated |
| <input checked="" type="checkbox"/> 9. Ventilation & Temp. | <input checked="" type="checkbox"/> 20. Food Storage | |
| <input checked="" type="checkbox"/> 10. Adequate Shelter | <input checked="" type="checkbox"/> 21. Personnel | |
| | <input checked="" type="checkbox"/> 22. Animals' Appearance | |

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|-------------|---|------------------------------------|
| | AN INSPECTION WAS CONDUCTED ON 1/24/07. THE SHELTER STAFF HAS MADE IMPROVEMENTS ON ISSUES ADDRESSED IN JULY 06. IN THE CAT AND KITTEN ROOM IT WAS ADDRESSED ABOUT FLOOD SILLS. THEY HAVE PUT PLASTICS IN THE WINDOWS. THERE WAS MIST AROUND LOWER POSTS IN OUTSIDE PLAY AREA. ADVISED TO PRINT. THEY DID SOME REPAIRS IN THE FRONT PLAY AREA. THERE ARE SOME SMALL CRACKS IN THE FLOOR. HAVE PUT VINYL SIDING ON CEILING IN DOG KENNEL AREA. REQUEST. THEY PUT SHOULDER BOARD ON THE DOOR OF KITTEN ADOPTATION ROOM. LOOSE WIRE ON REELS HAS BEEN FIXED. NEED TO REMOVE OLD FOOD BAGS IN FEED ROOM. HAVE A NEW VAN FOR TRANSPORT. RECORDS WERE IN ORDER. KEEP UP THE GOOD WORK AND CONTINUE MAKING IMPROVEMENTS. | |

APPROVED DISAPPROVED Date: 1/24/07 Time: 11:00 AM
VETERINARIAN: 252 523 9004 522 2110 523 2122 Telephone: () - -

J. E. ... Inspector's Signature ... Owner/Authorized Agent's Signature