ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 20' 03" W: 83° 37' 47"

LICENSE #: 121
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Macon Co. Animal Shelter
OWNER: Macon Co. (John Hook-Director)
ADDRESS: 1322 Lakeside Dr. Franklin, N.C.
TELEPHONE: (828) 349-2106
VMO: Hoosier
COUNTY: Macon

Number of Primary Enclosures: 75 Animals Present: Dogs 28 Cats 7

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 X
2. Ventilation & Temp. X
3. Lighting X
4. Ceiling, Wall, Floors X
5. Storage
6. Water Drainage

Primary Enclosures
7. Structure & Repair X
8. Space X
10. Adequate Shelter X

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) NA
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

Transportation

29. Care in Transit Discussed

Veterinary Care

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 3/18/10 Time: 2:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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**Euthanasia Report** - Still no cats present at facility. All euthanasia is done in house by DVM. All drugs were properly secured and recorded from previous euthanasia procedures.

*Policy/Procedure Manual is now in place and is 100% complete.*

**All areas within facility were in great shape, with low numbers of animals.**

<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>
</table>

- **Approved**
- **Conditionally Approved**
- **Disapproved**

**Date:** 3/18/00  **Time:** 2:00

**Inspector’s Signature:**

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

**Rev. 1/07**

**White = Office**  **Canary = Inspector**  **Pink = Owner**

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