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: 35.80102 W: 82.64953

LICENSE #: 113
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Madison County Animal Service
OWNER: Madison Co. San Lunsford - Director
ADDRESS: 289 Long Branch Rd, Marshall NC, 28753
TELEPHONE: (828) 649-3190
VMO: Hunter
COUNTY: Madison

Number of Primary Enclosures 44 Animals Present: Dogs 28 Cats 40

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

STRUCTURE

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

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

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY

X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
X 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
X 23. Animals’ Appearance

SPECIAL ITEMS

Records
X 24. Description of Animals
□ 25. Records/Vet Treatment
□ 26. Origin-Disposition
□ 27. Signature (boarding kennel)
MA Written permission from owner for commingling (doggie daycare)

Transportation
X 29. Care in Transit Discussed

Veterinary Care
X 30. Isolation Facility
X 31. No Signs of Illness/Treated

APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 6/9/18 Time: 11:30

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
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BUSINESS NAME: Madison County Animal Service
OWNER: Madison Co.
ADDRESS: 289 Long Branch Rd, Marshall, N.C. 28753
TELEPHONE: (828) 644-3190

<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></td>
<td>Areas noted in last inspection - Most of concrete runs have been repaired and look good.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New drainage system has been installed in front of primary enclosures allowing no cross-contamination in this area. (Good job)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All records and paperwork look good.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Euthanasia was needed at time of inspection but records from previous euthanasia was in good order.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue to work on outside runs where concrete is cracking and chipping and ground maintenance in side and back yard.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nice work on all improvements!</td>
<td></td>
</tr>
</tbody>
</table>

X APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 6/4/20 Time: 11:30

Inspector’s Signature: Mary Smith
Owner/Authorized Agent’s Signature: [Signature]

AW-2
Rev. 1/07
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