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° 65450  
W: 81° 96543

LICENSE #: 88

TYPE FACILITY: Animal Shelter (Private/Public)
Boarding Kennel  
Pet Shop  
Public Auction

BUSINESS NAME: McDowell Co. Animal Shelter

OWNER: Sgt. Brian Walker

ADDRESS: 3751 Hwy. 2265  
McDonn NC 28752

TELEPHONE: (828) 666-6643

VMO  
COUNTY McDowell

Number of Primary Enclosures 21  
Animals Present: Dogs 8  
Cats 5

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

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

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)

TRANSPORTATION

29. Care in Transit Discussed

VETERINARY CARE

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

APPROVED  
CONDITIONALLY APPROVED  
DISAPPROVED

Inspector’s Signature: Mary Smith  
Owner/Authorized Agent’s Signature: B. Johnson

Date: 2/5  
Time: 11:15

AW-2  
Rev. 1/07

White= Office  
Canary= Inspector  
Pink= Owner

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 58

**TYPE FACILITY:** Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐

**BUSINESS NAME:** McDowell Co. Animal Shelter

**OWNER:** Sgt. Brian Walker

**ADDRESS:**

**TELEPHONE:** (608) 652-6643

<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>Ventilation has greatly improved in all areas of shelter, new exhaust and ceiling fans have been installed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Storage room looks great, more organized.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All wood has been covered in drop-off area, and # of animals is now at a minimum.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enclosure where feral cats are housed has been reconstructed with plexiglass to ensure complete enclosure from other animals and litter. Poles have been added. New area is being looked at to house feral cats.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(13) Walls and floor area cases in front office where turtles, terriers, rabbits, etc. are being kept. Cleaning and sanitation has greatly improved but there is continuous battle with order and litter in this area. (Continued work needed).</td>
<td></td>
</tr>
</tbody>
</table>

Approved ☑ Conditionally Approved ☐ Disapproved ☐  Date: 12/5  Time: 11:15

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]