

INDOOR
 OUTDOOR
 BOTH

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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.54276 W: 82.06164
 QBSP Number - - - - -

BUSINESS NAME: MITCHELL CO ANIMAL SHELTER LICENSE #: _____
 OWNER: _____
 ADDRESS: 2492 19 E. HWY SPRUCE PINE 28777
 TELEPHONE: (828) 765-6952 VMO _____ COUNTY MITCHELL
 TYPE FACILITY: Animal Shelter Boarding Kennel Dealer Pet Shop Public Auction
 Number of Primary Enclosures 60 Animals Present: Dogs 42 Cats 32
1 snake

Inspector: Mark "X" in box, if adequate. Circle 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
 9. Ventilation & Temp.
 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. Animals' Appearance

SPECIAL ITEMS

- Records
 23. Description of Animals
 24. Records/Vet Treatment
 25. Origin/Disposition
 NA. Signature (boarding kennel)
Transportation
 NA. Care in Transit Discussed
Veterinary Care
 28. Isolation Facility
 29. No Signs of Illness/Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
4)	Ceiling tiles - water damage - replace	
1)	Rusted door in kennel area / replace	
12)	Odor throughout increase ventilation	
16)	Dirty laundry piled up in laundry	

APPROVED DISAPPROVED Date: 7/6/06 Time: 15:09
 Veterinarian: Genie Stewart DVM Telephone: () -
Shelley Swann
 Inspector's Signature Owner/Authorized Agent's Signature