ANIMAL WELFARE INSPECTION

GPS Coordinates - N: __________ W: __________

LICENSE #: ______
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Montgomery Co Animal Shelter
OWNER: Supervisor Teresa Bean
ADDRESS: 242 Landfill Rd. Mt. Gilead, 27306
TELEPHONE: (910) 572-3047
VMO: Hunter
COUNTY: Montgomery

Number of Primary Enclosures: ______
Animals Present: Dogs ☐ Cats ☐

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

SPECIAL ITEMS

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

Transportation
☐ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☐ APPROVED ☐ DISAPPROVED

Date: 11-19-2007 Time: 9:00 AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2 Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF
LICENSE #: 
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Montgomery Co. Animal Shelter
OWNER:
ADDRESS: 
TELEPHONE: (____) ________

<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>Met with Bill Hamilton, Maintenance Supervisor at the shelter.</td>
<td></td>
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<tr>
<td>There have been some improvements:</td>
<td></td>
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<tr>
<td>A bathroom with washbasin has been added.</td>
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<td>Ceiling has been finished in small dog room.</td>
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<tr>
<td>Exhaust fan has been installed on co unit.</td>
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<tr>
<td>Discussed with Mr. Hamilton plans for further upgrades:</td>
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<td></td>
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<tr>
<td>Adding primary enclosures to 6 dog holding area.</td>
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<tr>
<td>Enclosing cat area.</td>
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<tr>
<td>Eliminating wood painting or replacing expanded metal.</td>
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<tr>
<td>Extending front of facility and adding more kennel space.</td>
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<tr>
<td>Repairing perimeter fencing.</td>
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<tr>
<td>Mr. Hamilton will contact me with a date for a formal timeline for repairs &amp; upgrades.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ DISAPPROVED  
Date: 11-19-2007  Time: 9:00 AM

Shelly J. Swain  Bill Hamilton
Inspector’s Signature  Owner/Authorized Agent’s Signature

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