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: 35.33240  W: 79.94159

LICENSE #: 
TYPE FACILITY: Animal Shelter (Private/Public) ☑  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Montgomery 4 P Animal Shelter
OWNER: Montgomery 4 P Animal Shelter
ADDRESS: 342 Landrum Rd, Mt. Pleasant
TELEPHONE: (919) 592-3001
VMO: Hunter
COUNTY: Montgomery

Number of Primary Enclosures 20  Animals Present: Dogs 3  Cats 0

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
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
☐ 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

Date: 7-1-08  Time: 09-41

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

Inspector’s Signature  Owner/Authorized Agent’s Signature

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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></td>
<td>CLEANING PROTOCOLS HAS BEEN ADJUSTED TO PREVENT CROSS CONTAMINATION.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WOODEN &amp; WIRE CAT CAGES HAVE BEEN REMOVED. AND CATS WILL BE HOUSED IN SMALL KENNELS IN FRONT OF BUILDING.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>PERIMETER FENCE IS DAMAGED TO THE POINT THAT ANIMALS COULD ESCAPE ALTHOUGH PERIMETER FENCING IS IN PLACE</td>
<td>30 Days</td>
</tr>
<tr>
<td>2</td>
<td>DRAIN OPENINGS IN BANK OF KENNELS AND IN KENNEL 1&amp;2 ARE UNFINISHED — FINISH OUT MAKING IMPERFECTS TO MOISTURE</td>
<td>30 Days</td>
</tr>
<tr>
<td>3</td>
<td>NEED MORE INFORMATION ON ORIGIN AND DISPOSITION PAPERWORK — OWNER INFO ON RTO’S AND ADOPTIONS</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  X CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 01/08/205  Time: 09:45

Inspector’s Signature: ____________________________  Owner/Authorized Agent’s Signature: ____________________________

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