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: 35.75469 W: 79.74784

LICENSE #: 24
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ❏ Pet Shop ❏ Public Auction ❏
BUSINESS NAME: RANDOLPH CO ANIMAL SHELTER
OWNER: HEALTH DEPT
ADDRESS: 1370 COUNTY LAND RD RANDOLPH
TELEPHONE: (336) 483-8735
VMO COUNTY HUNTER

Number of Primary Enclosures 48 Animals Present: Dogs 50 Cats 17

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

1. Waste Disposal
2. Odor
3. Ceiling, Wall, Floors
4. Primary Enclosures
5. Equipment & Supplies
6. Washrooms, Sinks, Basins
7. Insect/Vermin Control
8. Building & Grounds

HUSBANDRY

9. Adequate Feed/Water
10. Food Storage
11. Personnel
12. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
13. 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)

VETERINARY CARE

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

SPECIAL ITEMS

29. Care in Transit Discussed

TRANSPORTATION

APPROVED ☑ CONDITIONALLY APPROVED ❏ DISAPPROVED

Date: 02/26/08 Time: 11:47

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 24
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: RANCOGARD 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>- CLAWS ARE BEING REPAIRED AND SEENED</td>
<td>- CLEANING PROTOCOLS HAVE BEEN ADJUSTED TO ADDRESS WET ANIMALS</td>
<td></td>
</tr>
<tr>
<td>- FACILITY IS VERY CLEAN</td>
<td>Good Job</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☑ CONDITIONALLY APPROVED □ DISAPPROVED □

Inspector's Signature: Signature

Owner/Authorized Agent’s Signature: Signature

Date: 5/28/08 Time: 11:47

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

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