ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 47' 54.90" W: 79° 17' 44.19"

LICENSE #: 24
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: RANDOLPH CO ANIMAL SHELTER
OWNER: HEATH DEPT
ADDRESS: 1370 COUNCILLAND RD RANDOLPH
TELEPHONE: (336) 683-5235
VMO COUNTY RANDOLPH
COUNTY RANDOLPH

Number of Primary Enclosures 48 Animals Present: Dogs 57 Cats 30

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

SPECIAL ITEMS

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

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 11/12 Time: 11:12

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

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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 CONTINUATION PAGE

LICENSE #: 24
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: KANOKOAH 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>20</td>
<td>Six Adult Dogs in #15 - No more than 4 - if greater than 4 1:10 person/animal ratio.</td>
<td>Done At Time Of Inspection</td>
</tr>
<tr>
<td></td>
<td>Facility is very clean - No Wet Dogs. Housants are greatly improved.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 11/15/05 Time: 11:12

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

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

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