

Type of Inspection
 New _____
 Annual _____
 Follow-Up 2-25-09
 (Prev. Inspection Date)
 Complaint _____
 Courtesy _____
 Random _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR
 OUTDOOR
 BOTH

ENTERED
4-23-09

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.54247 W: 79.29406

LICENSE #: 119
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Town of Rowland
 OWNER: Town of Rowland
 ADDRESS: 462 N Canal St. P.O. Box 127, Rowland, NC 28383
 TELEPHONE: (910) 422-3311
 VMO Shoker
 COUNTY Robeson

Number of Primary Enclosures 6 ^{1 Fel.} _{K-9} Animals Present: Dogs 0 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
- 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

- NIA Today 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
- NIA 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: _____ Time: 7:30Am

Peter M. Shoker

Inspector's Signature

John M. Rowland

Owner/Authorized Agent's Signature

