**ANIMAL WELFARE INSPECTION**

**BUSINESS NAME:** Reidsville Animal Shelter  
**LICENSE #:** NA

**OWNER:** Reidsville Vet. Hospital

**ADDRESS:** 1901 W. Harrison St., Reidsville, NC

**TELEPHONE:** (336) 317-3194

**COUNTY:** Rockingham

**TYPE FACILITY:** Animal Shelter  
**Number of Primary Enclosures:** Animals Present: Dogs, Cats

**Inspector:** Mark "X" in box, if adequate. Circle item number, if inadequate. Use NA if not applicable

### STRUCTURE
- Housing Facilities
  - X1. Structure & Repair
  - X2. Ventilation & Temp.
  - X3. Lighting
  - X4. Ceiling, Wall, Floors
  - X5. Storage
  - X6. Water Drainage

### SANITATION
- X11. Waste Disposal
- X12. Odor
- X13. Ceiling, Wall, Floors
- X14. Primary Enclosures
- X15. Equipment & Supplies
- X16. Washrooms, Sinks, Basins
- X17. Insect/Vermin Control
- X18. Building & Grounds

### SPECIAL ITEMS
- Records
  - X19. Description of Animals
  - X20. Records/Vet Treatment
  - X21. Origin/Disposition
  - X22. Signature (boarding kennel)

### HUSBANDRY
- X19. Adequate Feed/Water
- X20. Food Storage
- X21. Personnel
- X22. Animals' Appearance

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<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>They have sealed crevices in cement, repaired holes in wire cages. The cat had put small slits under cat cages and put rubber matting between cages and floor. They left a gap between cat cages so small that a kitten could not escape. The Kittens were in a run in the room, and myself, observed some kittens with possible upper respiratory infections. If you are going to hold these animals make sure you get them to isolation room ASAP. We did observe one beagle puppy with hair loss that needs to be isolated. Overall, good job on repairs but watch for overcrowding. Make sure you get dogs out of dog, closer house &amp; house dog is picked up.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vet Check:**

**Approved**

**Date:** June 5, 2007  
**Time:** 9:30 AM

**Veterinarian:**  
**Owner/Authorized Agent's Signature:**

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**Inspector’s Signature:**

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AW-2  
Rev. 2/05  
White= Office  
Canary= Inspector  
Pink= Owner
ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36°35'77" W: 79°49'11.7"

BUSINESS NAME: Reidsville Animal Shelter
LICENSE #: 
OWNER: Reidsville Veterinary Hospital
ADDRESS: 1401 W. Harrison St, Reidsville
TELEPHONE: 334-3191 - 3194 VMO Hunter COUNTY Rockingham
TYPE FACILITY: Animal Shelter & Boarding Kennel □ Dealer □ Pet Shop □ Public Auction □
Number of Primary Enclosures: Animals Present: Dogs 21 Cats 16

Inspector: Mark “X” in box, if adequate. Circle 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 □
9. Adequate Feed/Water □
10. Food Storage □
11. Personnel □
12. Animals’ Appearance □

SPECIAL ITEMS
Records □
Description of Animals □
Records/Vet Treatment □
Origin-Disposition □
Signature (boarding kennel) □
Transportation □
Care in Transit Discussed □
Veterinary Care □
Isolation Facility □
No Signs of Illness/Treated □

Item Number Explanation of Inadequacy (circled items above) And Recommendation For Compliance Date Corrections Must Be Completed
1. Cracks in Concrete Floor Unsealed - Repair Cracks and Seal.
2. Damaged Chainlink - Repair and or Replace.
3. Strong Odor Noted in and Around Facility
4. Hair and Debris Build Up in Chainlink at Drainage Trough. More Attention Needed While Cleaning/ Sanitizing
5. Wet Dogs in Kennels - If Hosing or Flushing Method is Used Remove Dogs While Cleaning.
6. Recommend Covering or Removing Wood Under Cat Cases
7. Recommend Maintaining Records in Central Location - at This Time Most Paperwork is at the Hospital Some is Maintained by A.C.

APPROVED □ DISAPPROVED □ Date: May 2, 2007 Time: 10:40

Veterinarian: 
Inspection’s Signature:

Owner/Authorized Agent’s Signature:

AW-2
Rev. 2/05
White= Office
Canary= Inspector
Pink= Owner
April 19, 2007

Mr. Lee Hunter
North Carolina Department of Agriculture
& Consumer Services Veterinary Division
1030 Mail Service Center
Raleigh, NC 27699-1030

RE: J.H. Kinnarney, DVM
    Reidsville Veterinary Hospital
    1401 W. Harrison Street
    Reidsville, NC 27320

Dear Mr. Hunter:

Reference our phone conversation on October 13, 2006 and my follow-up letter dated December 11, 2006.

Can you provide me any updates relating to our conversation.

In our conversation, you stated the Reidsville Veterinary Hospital would be receiving an unannounced inspection.

Has this taken place?

I am concerned about the lack of medical attention that the animals receive at that facility. According to the Animal Welfare Act - medical attention should not be withheld.

Can you provide me an update on the situation relating to the Reidsville Veterinarian Hospital.

Also, I understand that there was a recent gas leak found in the gas chamber.

I would appreciate a response.

Thank you.

Tana Austin
217 Willow Oaks Farm Road
Stoneville, NC 27048
(336)335-6764 M-F (8:00 a.m. to 4:00 p.m.)
NCDA&CS, VETERINARY DIVISION
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
PHONE: 919/733-7601, FAX: 919/733-2277

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: __________ W: __________
QBSP Number - __________ __________

BUSINESS NAME: Redsville Animal Shelter
OWNER: Redsville Veterinary Hospital
ADDRESS: 1401 W. Harrison, Redsville, NC
TELEPHONE: 636-319-3194
COUNTY: Rockingham
TYPE FACILITY: Animal Shelter
Number of Primary Enclosures 57
Animals Present: Dogs 41, Cats 16

Inspector: Mark “X” in box, if adequate. Circle 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. Animals’ Appearance

SPECIAL ITEMS
Records
23. Description of Animals
24. Records/Vet Treatment
25. Organ Disposition
26. Signature (boarding kennel)

Transportation
27. Safe in Transit Discussed

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

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
---|---|---
8 | Cracks in Kennel area - seal | 6-19-04
9 | Chain link on some kennels need repair or replace | 6-19-04
10 | Trash bag outside - old refrigerator - dispose of | 6-19-04
11 | Kennels all are need of cleaning | 6-19-04
12 | Ticks - some dead/alive | 6-19-04

□ APPROVED    □ DISAPPROVED
Date: 6-19-04    Time: 12:10

Veterinarian:    Telephone: (____) -

Owner/Authorized Agent’s Signature

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