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: 26°35'74" W: 79°69'10"

LICENSE #: 94
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Rockingham Co Shelter
OWNER: Joseph H. Kinnaidy
ADDRESS: 1401 West Harrison St, Reidsville NC 27320
TELEPHONE: (336) 349-3194
VMO Rockingham
COUNTY

Number of Primary Enclosures 20 Animals Present: Dogs 14 Cats 19

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)
28. 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

Transportation

29. Care in Transit Discuss

Veterinary Care

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 09/19/07 Time: 2:20 P.M.

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
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 #: 94
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Rockingham 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>7</td>
<td>I observed one issue that needs addressing is to remove the FRP board on the kennel walls. It is not needed anymore. Mrs. Joseph is going to inform the staff to remove the FRP.</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>The Euthanasia is performed by Dr. John Webster, a retired veterinarian who worked at Beedsville Veterinary Hospital.</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>I observed the euthanasia paperwork and it is being performed by Dr. Webster.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]

Date: 10/07  Time: 10:47 AM

White= Office    Canary= Inspector    Pink= Owner

AW-2    Rev. 1/07

PAGE 2 OF 2