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: 36° 30' 12" W: 79° 47' 34"

LICENSE #: 105
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: 
OWNER: 
ADDRESS: 
TELEPHONE: 336-623-4428
VMO 
COUNTY 

Number of Primary Enclosures 63
Animals Present: Dogs 48 Cats 64

t
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 □

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 □

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: 7/5/10 Time: 10:45

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 5
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

**TYPE FACILITY:** Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction  □

**BUSINESS NAME:** 

**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>1</td>
<td>Cats have been removed from outside cat area. Dogs have free access to area. There is no secondary perimeter fencing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not allow dogs free access to this area. Recommend removal of wooden fence.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Replace missing baseboards.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Storage areas are still cluttered and unorganized.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clean and organize these areas.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Properly store donations as they come in.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Open bags of food in food room - Store food in seal tight containers.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dogs housed in wire curtain enclosures. MUST be provided a solid resting surface.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Must be discussed during this inspection at length. There were dogs with no resting surface.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☒DISAPPROVED  

**Inspector's Signature:**

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

**Date:** 7/8/10  **Time:** 10:45

**AW-2**  **Rev. 1/07**  

**White= Office**  

**Canary= Inspector**  

**Pink= Owner**

**PAGE 7 OF 5**
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #:

TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

BUSINESS NAME: Rockingham As

OWNER:

ADDRESS: Animal Shelter

TELEPHONE: (____)____ - ________

<table>
<thead>
<tr>
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<tr>
<td>4</td>
<td>Overall sanitation remained very poor. Cages had not been cleaned and cages had not been walked. Several animals could not walk on floor due to nonexistence of waste or debris. Adoption area room had not been cleaned. Increase cleaning frequency to a minimum of six daily. Correct immediately.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dirty cages stacked from floor to floor in the boarding area appeared to have the same lining material. Dog feces and the same level of dirt, gravel, etc. It was reported by a volunteer that there had been 13 dogs in these enclosures and they had not been cleaned since these animals were removed. Mr. Hollings stated they look at felines differently and just didn’t think about cleaning the cages because they had not needed them. Dirty crates stacked in hallway and bike storage room from July 6, 2010. Payment due immediately.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED    ☐ CONDITIONALLY APPROVED    ☐ DISAPPROVED  Date: 10/1/12  Time: 10:45

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
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Pink= Owner

PAGE 2 OF 5
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

**TYPE FACILITY:** Animal Shelter (Private/Public)  □ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:** Rockingham Co. Animal

**OWNER:**

**ADDRESS:**

**TELEPHONE:** (____) - ________

<table>
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<tr>
<td></td>
<td>Veterinary Records indicated that the following animals had been taken to Central Animal Hospital and are being treated:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Dog named &quot;Baby&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Dog named &quot;Monster&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are treatment records for these animals.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Update and maintain records on all animals, specifically, origin and veterinary records. Please review and adhere to your Program of Veterinary care that was submitted to this office with application.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED    ☐ CONDITIONALLY APPROVED  ☒ DISAPPROVED  

Date: 2/6/10  Time: 10:45

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

AW-2  Rev. 1/07

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PAGE 4 OF 5
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □ 
BUSINESS NAME: Rockingham HS 
OWNER: 
ADDRESS: 
TELEPHONE: (____)____ - _________

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<tr>
<td>1</td>
<td>Black wire cages housing dogs and puppies. Housing area must be cleaned, swept, and swept. Dogs must be provided with adequate and clean sanitation facilities.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Dogs housed at front of building. Dog waste must be disposed of properly.</td>
<td></td>
</tr>
</tbody>
</table>

Have storage/donations areas cleaned and organized and bedding materials stored adequately by 7/15/08.

□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 7/18/08 Time: 10:45

Shelly Davis
Inspector's Signature

Aw-2
Rev. 1/07
White: Office

Canary: Inspector
Pink: Owner

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