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: 55° 21' 9" W: 80° 48' 22"

LICENSE #: 346
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Rowan Co. Animal Shelter
OWNER: Rowan Health Dept
ADDRESS: 1465 Julian Rd Salisbury
TELEPHONE: (704) 214-7772
VMO Hunter
COUNTY Rowan

Number of Primary Enclosures 61 Animals Present: Dogs 49 Cats 45

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
1. 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 ☑

HUSBANDERY

1. Adequate Feed/Water ☑
2. Food Storage ☐
3. Personnel ☑
4. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area ☑
5. Animals’ Appearance ☑

SPECIAL ITEMS

1. Records ☑
2. Description of Animals ☑
3. Records/Vet Treatment ☑
4. Origin/Disposition ☑
5. Signature (boarding kennel) ☑
6. 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: 7/9/08 Time: 8:47

Inspector's Signature: Jessica Jurem
Owner/Authorized Agent’s Signature: Theresa C. Pappas

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

PAGE 1 OF 2
## ANIMAL WELFARE INSPECTION CONTINUATION PAGE

**LICENSE #:** 364  
**TYPE FACILITY:** Animal Shelter (Private/Public) ❌ Boarding Kennel □ Pet Shop □ Public Auction □  
**BUSINESS NAME:** Kowan Co Animal Shelter  
**OWNER:**  
**ADDRESS:** CONT  
**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>Gate frame rusted through, exposed sharp edges and difficult to sanitize. Replace/Repair</td>
<td>8/1/08</td>
</tr>
<tr>
<td>8</td>
<td>Dirty cat litter dumped outside of cat runs - clean up and dispose of properly. Feces and debris in drive and gravel from cat runs - this area must be cleaned each time unit is used and cleaned. 24 hrs by hrs.</td>
<td></td>
</tr>
</tbody>
</table>
| 22 23       | Several dogs have nasal discharge and are coughing - Run #20 & St Bernard  
             | Run #17 2 CA Boxers  
             | Run #15 Brown P/Bx x 3  
             | Tabby kitten lesions around mouth & nose  
             | Lemonie vaccinated.  
             | Isolate and provide veterinary care or euthanize provided that this shall not affect compliance with any state or local law requiring the holding for a specified period of animals suspected of being diseased. Done at time of inspection. |
| 7           | Seal cracks and repaint kennels and kennel area. |                                    |

**APPROVED**  
**CONDITIONALLY APPROVED** □ DISAPPROVED  
Date: 1/10/08  
Time: 8:17

**Inspector’s Signature**  
**Owner/Authorized Agent’s Signature**

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