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: 35° 6' 26" 97' W: 80° 1' 48" 27"

LICENSE #: 36
TYPE FACILITY: Animal Shelter (Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Rowan Co Animal Shelter
OWNER: Rowan Co Health Dept
ADDRESS: 1465 Julian Rd Salisbury 28146
TELEPHONE: (704) 216-7772
VMO: Hunter
COUNTY: Rowan

Number of Primary Enclosures 61 Animals Present: Dogs 48 Cats 35

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 X
2. Ventilation & Temp. □
3. Lighting X
4. Ceiling, Wall, Floors X
5. Storage □
6. Water Drainage X

Primary Enclosures
7. Structure & Repair □
8. Space □
10. Adequate Shelter □

SANITATION

11. Waste Disposal X
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 □

SPECIAL ITEMS

Records
24. Description of Animals X
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 □

A □ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 09/28 Time: 12:20

APPROVED
C Approved
D Disapproved

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 360

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

**BUSINESS NAME:** Knowland's 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>Repaint/reseal kennels making impervious to moisture</td>
<td>8/08</td>
</tr>
<tr>
<td>8</td>
<td>Recaulk/reseal floors</td>
<td>8/08</td>
</tr>
<tr>
<td>8</td>
<td>Too many cats in feral cat enclosure</td>
<td>8/08</td>
</tr>
<tr>
<td>8</td>
<td># of cats too many cats in enclosure &amp; # of cats too (12)</td>
<td>1/3 adult cats</td>
</tr>
<tr>
<td>8</td>
<td>Add litter boxes &amp; 1/3 adult cats</td>
<td>done</td>
</tr>
<tr>
<td>8</td>
<td>Female #1 in stray area showing symptoms of possible kennel cough - isolate</td>
<td>done</td>
</tr>
</tbody>
</table>

**APPROVED** ☑ CONDITIONALLY APPROVED □ DISAPPROVED Date: 5/20/08 Time: 12:20

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

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