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: 35.67497 W: 80.48427  

LICENSE #: 36  
TYPE FACILITY: Animal Shelter (Private/Public) ☑  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐  
BUSINESS NAME: Kuykendahl Animal Shelter  
OWNER: Kuykendahl Family  
ADDRESS: 1405 Johnson Rd  
TELEPHONE: (704) 214-7772  
VMO Hunter  
COUNTY Rowan  

Number of Primary Enclosures 4  
Animals Present: Dogs 71  Cats 29  

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>SANITATION</th>
<th>SPECIAL ITEMS</th>
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</thead>
<tbody>
<tr>
<td>Housing Facilities</td>
<td>11. Waste Disposal</td>
<td>Records</td>
</tr>
<tr>
<td>☑ Structure &amp; Repair</td>
<td>12. Odor</td>
<td>24. Description of Animals</td>
</tr>
<tr>
<td>☑ 4. Ceiling, Wall, Floors</td>
<td>15. Equipment &amp; Supplies</td>
<td>27. Signature (boarding kennel)</td>
</tr>
<tr>
<td>☑ 5. Storage</td>
<td>16. Washrooms, Sinks, Basins</td>
<td>28. Written permission from owner for commingling (doggie daycare)</td>
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<tr>
<td>☑ 6. Water Drainage</td>
<td>17. Insect/Vermin Control</td>
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<tr>
<td>☑ Primary Enclosures</td>
<td>18. Building &amp; Grounds</td>
<td></td>
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<tr>
<td>☑ Structure &amp; Repair</td>
<td>19. Adequate Feed/Water</td>
<td></td>
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<tr>
<td>☑ 8. Space</td>
<td>20. Food Storage</td>
<td></td>
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<tr>
<td>☑ 10. Adequate Shelter</td>
<td>☑ Ratio of 1:10 personnel to animals if &gt;4 in primary enclosure or common area</td>
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<tr>
<td>☑ 23. Animals’ Appearance</td>
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</table>

☑ APPROVED  ☐ DISAPPROVED  
Date: April 3, 2019  Time: 12:00  

Inspector’s Signature: [Signature]  
Owner/Authorized Agent’s Signature: [Signature]  

White= Office  Canary= Inspector  Pink= Owner  

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: ______________
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: ____________________________
OWNER: ________________________________
ADDRESS: ________________________________
TELEPHONE: ______________________________

Date: _______________  Time: _______________

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
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Floors and walls are scheduled to be repainted and sealed by the end of April. There were no animals available for euthanasia.

Manual was complete.

There were no signs of disease or injuries in general population.

☐ APPROVED  ☐ DISAPPROVED
Date: April 13, 2011  Time: 12:00

Inspector’s Signature: ____________________________
Owner/Authorized Agent’s Signature: ____________________________

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

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