ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.67972 W: 80.55601

LICENSE #: 20410
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Animal Shelter
OWNER: Harold and Luise
ADDRESS: 1708 E. Jones St. Salisbury
TELEPHONE: (704) 797-0091
VMO County

Number of Primary Enclosures 4 / Animals Present: Dogs 4 / Cats 1

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

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
24. Records
25. Description of Animals
26. Records/Vet Treatment
27. Origin/Disposition
28. Signature (boarding kennel)
29. Written permission from owner for commingling (doggie daycare)
30. Care in Transit Discussed
31. Isolation Facility
32. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 9/16/10 Time: 5:30

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
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ADDRESS: __________________________________________________________________________
TELEPHONE: (___) ______-__________

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
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☑ Make sure medical records are current and available for inspection.

☑ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 6/9/10 Time: 15:30

Inspector's Signature: __________________________________________________________________________
Owner/Authorized Agent’s Signature: __________________________________________________________________

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