

Type of Inspection

- New _____
- Annual _____
- Follow-Up _____
- (Prev. Inspection Date)
- Complaint _____
- Courtesy _____
- Random _____

NCDA&CS, VETERINARY DIVISION

ANIMAL WELFARE SECTION

1030 MAIL SERVICE CENTER,

RALEIGH, NC 27699-1030

PHONE: 919/715-7111, FAX: 919/733-6431

- INDOOR
- OUTDOOR
- BOTH

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.64972 W: 80.45601

LICENSE #: 20410

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

BUSINESS NAME: Airland and Sea

OWNER: _____
ADDRESS: 1708 E Annex St Salisbury

TELEPHONE: (704) 797-0091

VMO Lighter

COUNTY Rowan

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
 - 9. Ventilation & Temp.
 - 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

SPECIAL ITEMS

- 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: 6/9/10 Time: 15:30

Inspector's Signature [Signature]

Owner/Authorized Agent's Signature [Signature]

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

