NCDA&CS, VETERINARY DIVISION  
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030  
PHONE: 919/733-7601, FAX: 919/733-2277

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.35196 W: 81.95045
QBSP Number -  

BUSINESS NAME: RUTHERFORD COUNTY ANIMAL SHELTER  
LICENSE #:  
OWNER: SHERIFF'S DEPT  
ADDRESS: 5700 LAUREL HILL DRIVE  
COUNTY:  
TELEPHONE: (828) 245-7025 VMO  
TYPE FACILITY: Animal Shelter  
Number of Primary Enclosures 34  
Animals Present: Dogs 29  
Cats 34

Inspector: Mark “X” in box, if inadequate. Circle 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

HUSBANDRY
19. Adequate Feed/Water  
20. Food Storage  
21. Personnel  
22. Animals’ Appearance

SPECIAL ITEMS
Records
Description of Animals
Records/Vet Treatment
Origin-Disposition  
Signature (boarding kennel)
Transportation
Care in Transit Discussed
Veterinary Care
Isolation Facility
No Signs of Illness/Treated

Item Number Explanation of Inadequacy (circled items above) And Recommendation For Compliance Date Corrections Must Be Completed
1. CONCRETE FLOORING CRACKED EQUIPPED UNSEALLED REC: REPAIR AND SEAL OR PAINT MAKING IMPERIOUS TO MOISTURE
2. POOR VENTILATION IN KIT HOUSE & ADOPTION CAT AREA. REC: INCREASE VENTILATION
3. STANDING WATER BETWEEN KIT HOUSE & MAIN KENNEL AREA. REC: REPAIR OR REPLACE GUTTERING & DOWNSPOUT
4. CHAIN LINK DAMAGED IN SOME PRIMARY ENCLOSURES. REC: REPAIR OR REPLACE
5. TOO MANY CATS IN STRAY CAT KENNEL. WR NUMBER TO 12 ON EACH SIDE
6. PRIMARY ENCLOSURES ARE CONSTRUCTED IN A WAY THAT MAKES

[Signature]
LANNY D. WALKER DVM  
Telephone: (828) 245-7505

[Signature]  
SHERIFF'S OFFICE  

disapproved

APPROVED  

Date: 12/4/2006  
Time: 12:00

Inspection's Signature

Owner/Authorized Agent's Signature

Rev. 2/05  
White= Office  
Canary= Inspector  
Red= Owner

AW-2
**ANIMAL WELFARE INSPECTION**

**BUSINESS NAME:** RUSHERFORD CO  
**OWNER:**  
**ADDRESS:**  
**TELEPHONE:**  
**VMO**  
**COUNTY**  
**TYPE FACILITY:** Animal Shelter  
**Number of Primary Enclosures**  
**Animals Present:** Dogs  
**Cats**  

**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

**HUSBANDRY**  
- [ ] 19. Adequate Feed/Water  
- [ ] 20. Food Storage  
- [ ] 21. Personnel  
- [ ] 22. Animals’ Appearance

**SPECIAL ITEMS**  
- [ ] 23. Description of Animals  
- [ ] 24. Records/Vet Treatment  
- [ ] 25. Origin/Disposition  
- [ ] 26. Signature (boarding kennel)  

**Transportation**  
- [ ] 27. Care in Transit Discussed

**VETERINARY CARE**  
- [ ] 28. Isolation Facility  
- [ ] 29. No Signs of Illness/Treated

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**Item Number**  
**Explanation of Inadequacy (circled items above) And Recommendation For Compliance**  
**Date Corrections Must Be Completed**

1. **Cross Contamination Unavoidable - Drainage System shall be constructed to prevent cross-contamination among animals.**

2. **Strengthen need a minimum of one receptacle containing clean litter per 3 cats.**

3. **Disposal of rescued animals need to show name & address and date.**

4. **Sick kitten in adoption - cats - if going to hold must isolate & treat.**

5. **A sufficient number of employees are needed to maintain the prescribed level of husbandry practices set forth in the Animal Welfare Act.**

- [ ] APPROVED  
- [ ] DISAPPROVED  
**Date:** 12/4/2006  
**Time:** 13:32

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**Veterinarian:**  
**Telephone:**

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