

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

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

INDOOR
 OUTDOOR
 BOTH

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.33614 W: 80.21480
 QLS# Number - - - - -

BUSINESS NAME: SMITH CO. ANIMAL SHELTER LICENSE #: 71
 OWNER: HEALTH DEPT
 ADDRESS: 1037 COBLE AVE ALBERMARLE NC 28001
 TELEPHONE: (704) 886-3831 VMO COUNTY
 TYPE FACILITY: Animal Shelter Boarding Kennel Dealer Pet Shop Public Auction
 Number of Primary Enclosures 73 Animals Present: Dogs 15 Cats 13

Inspector: Mark "X" in box, if adequate. Circle item number, if inadequate. Use NA if not applicable

- | | | |
|---|---|--|
| <p>STRUCTURE
 <u>Housing Facilities</u>
 <input type="checkbox"/> 1. Structure & Repair
 <input checked="" type="checkbox"/> 2. Ventilation & Temp.
 <input checked="" type="checkbox"/> 3. Lighting
 <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 5. Storage
 <input checked="" type="checkbox"/> 6. Water Drainage
 <u>Primary Enclosures</u>
 <input type="checkbox"/> 7. Structure & Repair
 <input checked="" type="checkbox"/> 8. Space
 <input checked="" type="checkbox"/> 9. Ventilation & Temp.
 <input checked="" type="checkbox"/> 10. Adequate Shelter</p> | <p>SANITATION
 <input checked="" type="checkbox"/> 11. Waste Disposal
 <input checked="" type="checkbox"/> 12. Odor
 <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 14. Primary Enclosures
 <input checked="" type="checkbox"/> 15. Equipment & Supplies
 <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins
 <input checked="" type="checkbox"/> 17. Insect/Vermin Control
 <input checked="" type="checkbox"/> 18. Building & Grounds
 HUSBANDRY
 <input checked="" type="checkbox"/> 19. Adequate Feed/Water
 <input checked="" type="checkbox"/> 20. Food Storage
 <input checked="" type="checkbox"/> 21. Personnel
 <input checked="" type="checkbox"/> 22. Animals' Appearance</p> | <p>SPECIAL ITEMS
 <u>Records</u>
 <input checked="" type="checkbox"/> 23. Description of Animals
 <input checked="" type="checkbox"/> 24. Records/Vet Treatment
 <input checked="" type="checkbox"/> 25. Origin/Disposition
 <input checked="" type="checkbox"/> 26. Signature (boarding kennel)
 <u>Transportation</u>
 <input checked="" type="checkbox"/> 27. Care in Transit Discussed
 <u>Veterinary Care</u>
 <input checked="" type="checkbox"/> 28. Isolation Facility
 <input checked="" type="checkbox"/> 29. No Signs of Illness/Treated</p> |
|---|---|--|

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	AMBIENT TEMP 70 F	
(1) (1)	CONCRETE FLOORING IN KENNEL AREAS & PRIMARY ENCLOSURES - REPAIR & SEAL	
(1)	SOME CHAIN LINK FENCING ON KENNEL FRONTS DAMAGED - REPAIR OR REPLACE	
	OTHER - REPLACE GASKETS ON CO UNITS	

APPROVED DISAPPROVED Date: 1/29/2007 Time: 10:38
 Veterinarian: JEFF BARKER Telephone: (704) 888-5657
 Inspector's Signature: Shelley Swain Owner/Authorized Agent's Signature: [Signature]

AW-2 Rev. 2/05 White Office Canary- Inspector Pink= Owner