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: 34.42019 W: 80.71433

LICENSE #: 55
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Surry Co. Animal Control
OWNER: Surry Co
ADDRESS: 1722 County Home Rd, Dobson NC 27017
TELEPHONE: 336-401-6428
VMO Hunter
COUNTY Surry

Number of Primary Enclosures 38 Animals Present: Dogs 20 Cats 14

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

Records
24. Description of Animals
25. Records/Vet Treatment
26. Origin-Disposition
28. Written permission from owner for commingling (doggie daycare)

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

TRANSPORTATION

29. Care in Transit Discussed

Veterinary Care
30. Isolation Facility
31. No Signs of Illness/Treated

□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 12/7 Time: 1:30

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 3
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 55
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Sunny Co. Animal Control
OWNER: Sunny Co.
ADDRESS: 172 County Home RD Dobson NC. 27017
TELEPHONE: (336) 401-8478

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Euthanasia Report - Areas 0418 - 0801, Duties of Cets could not be inspected, no Euthanasia needed at this time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy + Procedure Manual 40% complete at this time. All manuals, methods, first aid, DVM info etc, was not in manual as needed by 8/09. All Policy + Procedure Info must be kept in facility and easily Accessable at All times . Animal Control Director is to notify myself or my office when manual is complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Facility was in great shape - records, Animals, staff, and overall cleanliness of facility was in very good shape. (Keep up good work on facility)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FWA, AVMA, HSUS list of Cets + methods was found and in place before leaving facility.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED
Date: 0-7 Time: 1:30

Mary Frey
Inspector's Signature

Lloyd
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07
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