**ANIMAL WELFARE INSPECTION**

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

**GPS Coordinates - N:** 34° 9' 8.050" W: 80° 40' 60.3" W

**QBSP Number:**

**BUSINESS NAME:** UNION COUNTY ANIMAL SHELTER

**LICENSE #:**

**OWNER:** SHERIFF'S DEPT

**ADDRESS:** 3340 PESSON RD MOORE NC 28112

**TELEPHONE:** (704) 283-2308

**COUNTY:** UNION

**TYPE FACILITY:** Animal Shelter ☑ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐

Number of Primary Enclosures: 197

Animals Present: Dogs: 71

Cats: 34

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

### STRUCTURE

- **Housing Facilities**
  - 1. Structure & Repair
  - 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

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X  | ☑ | Date: 1/1/2007 Time: 12:49

**APPROVED** ☑ **DISAPPROVED** □

**Veterinarian:** BRENT GLENN DVM Telephone: 803-220-1951

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**