ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34° 98069 W: 80° 416593

LICENSE #: 14
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: SHERIFF'S DEPT. ANIMAL SHELTER
OWNER: SHERIFF'S DEPT.
ADDRESS: 3340 PRESSON RD
TELEPHONE: (704) 333-2308
VMO UNION COUNTY

Number of Primary Enclosures 14 Pets Animals Present: Dogs 34 Cats 15

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
23. Description of Animals
24. Records/Vet Treatment
25. Origin/Disposition
26. Signature (boarding kennel)
27. 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

28. Care in Transit Discussed

VETERINARY CARE

28. Isolation Facility
29. No Signs of Illness/Treated

APPROVED ☑ DISAPPROVED ☐

Date: Nov 18, 2005 Time: 14:40
Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 604**

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

**BUSINESS NAME:** Union Co Animal Shelter

**OWNER:**

**ADDRESS:**

**TELEPHONE:** (____)____-________

<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></td>
<td>No Inadequacies noted at this inspection -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility was very clean -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paperwork was in order -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Painting is scheduled for Nov 20, 2005</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  □  CONDITIONALLY APPROVED  □  DISAPPROVED  □  DISAPPROVED  

**Inspector's Signature**

**Owner/Authorized Agent's Signature**

**Date:** 4/15/08  **Time:** 14:40

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

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