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° 48' 0.69" W: 80° 46' 59.3"

LICENSE #: 604
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Union County Animal Control
OWNER: Union Co. Sheriff's Dept.
ADDRESS: 33410 Presson Rd, Monroe, NC
TELEPHONE: (704) 283-2308
VMO: Hunter
COUNTY: Union

Number of Primary Enclosures: 147  Animals Present: Dogs 28  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 ☑
27. Signature (boarding kennel) ☑
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 ☑  DISAPPROVED ☐

Date: 12-1-10  Time: 9:36am - 10:05am

Inspected by: E. Saneer
Owner/Authorized Agent’s Signature: M. Steen

White= Office  Canary= Inspector  Pink= Owner

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 004
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Union Co. Animal Control
OWNER: (Cond)
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>Previous inspection was performed on 1-15-10. No inadequacies noted at that time. Also, euthanasia inspection was performed with no areas inadequate.</td>
<td></td>
</tr>
</tbody>
</table>

Today's Inspection:
- No inadequacies noted today.
* Temperature at time of inspection is 60°F

☑ APPROVED ☐ DISAPPROVED  Date: 12-1-10  Time: 9:36am - 10:45am.

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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