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: 36.25476 W: 78.3445

LICENSE #: 49
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Vance Co Animal Shelter
OWNER: Vance Co Government
ADDRESS: 165 Vance Academy Ed Henderson NC 27587
TELEPHONE: (919) 492-3136
VMO Hunter
COUNTY Vance

Number of Primary Enclosures 31 Animals Present: Dogs 55 Cats 42

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

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

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)

 Transportation
☐ 29. Care in Transit Discussed

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

APPROVED  X DISAPPROVED

Date: 6/15/11  Time: 11:00

Inspector’s Signature: Owner/Authorized Agent’s Signature:

AW-2 Rev. 1/07
White= Office  Canary= Inspector  Pink= Owner
PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 49
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Unico 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>#1 #7 The shelter staff has erected some outside kennels to assist with the large number of dogs housed at the shelter. The staff installed screening for the kennel floor. The screening is a mixture of gravel and dirt. The kennels need to have 6” of gravel on the floor. The dogs are digging holes and my concern is dog getting injured by the holes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#7 The concrete flooring has cracks that need to be sealed.</td>
<td></td>
<td></td>
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<tr>
<td>#7 #10 The shelter utilizes a small area for cats to be housed. I observed cats in traps that were recently caught. The shelter does not have enough cages or space to house these cats. The shelter does use sprayers for the flies but I observed quite a lot of flies today.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#18 The quaters on the outside are Full of Pine Straw and need to be cleaned out.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am disapproving this inspection and I need a timeline as to when these inadequacies will be addressed.

☐ APPROVED ☑ DISAPPROVED  Date: 6/19/11  Time: 11:30am

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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