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

**NCDA&CS, VETERINARY DIVISION**
**ANIMAL WELFARE SECTION**
**1030 MAIL SERVICE CENTER,**
**RALEIGH, NC 27699-1030**
**PHONE: 919/715-7111, FAX: 919/733-6431**

**INDOOR** ☐
**OUTDOOR** ☐
**BOTH** ☒

ENTERED 1-8-08

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 34.23837 **W:** 78.00891

**LICENSE #:** 17
**TYPE FACILITY: Animal Shelter (Private/Public)** ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Leland Police Dept. Animal Shelter
**OWNER:** Town of Leland
**ADDRESS:** 102 Town Hall Dr., Leland, NC 28451
**TELEPHONE:** (910) 371 - 1100
**VMO** Sholar
**COUNTY** Brunswick

**Number of Primary Enclosures** 4 **Animals Present: Dogs** 1 **Cats** 0

**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
- ☒ 9. Ventilation & Temp.
- ☒ 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**
- ☒ 23. Description of Animals
- ☒ 24. Records/Vet Treatment
- ☒ 25. Origin/Disposition
- ☒ 26. Signature (boarding kennel) N/A
- ☐ 27. Written permission from owner for commingling (doggie daycare)

**Transportation**
- ☒ 28. Care in Transit Discussed

**Veterinary Care**
- ☒ 28. Isolation Facility
- ☒ 29. No Signs of Illness/ Treated

☐ **APPROVED** ☒ **DISAPPROVED** Date: 1-7-08 Time: 10:30 AM

P.M. Sholar
**Inspector's Signature**

ACO Rebecca Edwards
**Owner/Authorized Agent's Signature**

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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ENTERED 1-8-08

# ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 17
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Leland Police Dept. Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| 6) | Manager stated drainage is a problem - County is working to correct the problem. - No water standing today. | |
| 7) | Cross contamination barriers have not been installed since discussed by Joe Bloomquist in 11-06. Manager called and this should be addressed by 60 days at the latest. | |
| 18) | Be sure all spilled food is kept cleaned up around kennels. | |
| | Manager very helpful - records in order. Will Re-Inspect in 60 days. | |

☐ APPROVED ☒ DISAPPROVED Date: 1-7-08 Time: 10:30 Am

Pat M. Stidon
Inspector's Signature

ACO Rebecca Edwards
Owner/Authorized Agent's Signature

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