Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 1/28/10
(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 4/05/10

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 33.93149 **W:** 78.09649

LICENSE #: 78
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: SOAR - Southport Oak Island Animal Rescue
OWNER: Jeanne Bicknell
ADDRESS: 3376 St. Charles Place, Southport, NC 28461
TELEPHONE: (910) 957-6340
VMO Hunter
COUNTY Brunswick

Number of Primary Enclosures 28 **Animals Present: Dogs** 15 **Cats** 30

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 — N/A
☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
☒ 24. Description of Animals
☐ 25. Records/Vet Treatment
☒ 26. Origin/Disposition
☐ 27. Signature (boarding kennel) — N/A
☐ 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** ~~☐ CONDITIONALLY APPROVED~~ ☐ **DISAPPROVED** Date: 4/05/10 Time: 11:00AM

R/M. Shelar
Inspector's Signature

Pamela Green
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 78
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: SOAR
OWNER: Cont.
ADDRESS:
TELEPHONE: ( ) -

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from 1/28/10	
	Items Addressed:	
	1- Food Storage Building - Food is stored on shelves now. Building contents have been organized.	
	2- Office/Med. Treatment House - Cats will no longer be housed in this area.	
	3- Records - Vet. Treatments - Manager is now recording name and dosage of meds. including initials of person administering meds.	
	4. FIV House - New flooring (VCT) is ordered and will be installed by 4/15/10.	
	Comments:	
	All of the buildings except the office have recently been painted.	
	The new addition to the cat house has been completed. Remember only 12 cats per room when allowed to be cage free.	
	The sink has now been installed in the food prep room.	
	Remember to pay attention to chewed plastic dog houses - replace as needed.	
	Also, cat trees are allowed in closed groups but need to be replaced when they appear well worn/used.	
	Owner plans to address all structural inadequacies pertaining to the office house within the next year - paint, door-outside, linoleum, moldings.	
	Until then, no animals will be housed there in a free range environment.	
	Item to Address:	
	7) Pen #8 - Extend post wrap to 4 feet high w/non-wood material.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 4/05/10 Time: 11:00Am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner