Type of Inspection
New ☐ _____
Annual ☒ 2010
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

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 Sholar
COUNTY Brunswick

Number of Primary Enclosures 28 **Animals Present: Dogs** 12 **Cats** 27

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 Med. Treatment/ Office Bldg.
☒ 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: 1/28/10 Time: 12:30pm

Pat M. Sholar
Inspector's Signature

Patricia 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:
ADDRESS: Cont.
TELEPHONE: ( ) -

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Items addressed since last inspection:	
	1- Outdoor Exercise Yard for dogs - There are no holes and evidence is seen that shelter has worked hard to keep good grass in the exercise yard.	
	2- New Building for puppies - The damaged window moldings have been removed but not replaced. Under new management, this building is being used for food and bedding storage. The manager stated plans are to install non-wood moldings but they do not have plans to house any dogs-puppies in this building.	
	Comments:	
	A 20 X 30 cat adoption room has been added as well as a 10 X 30 room for storing food, food and water bowls and an area for cleaning food and water bowls. The old office area is being remodeled into an isolation room for cats. Discussed keeping isolation behind the glass door and having a separate heat and air source. A good isolation/quarantine area keeps access limited to prevent the spread of any illness. Foot baths and hand sanitizing was discussed.	
	The shelter plans to reduce the number of cat cages and allow most cats a cage free environment. Reminded manager there can be no more than 12 cats per room. Suggested dividing the rooms. Manage is aware all surfaces that are new must be non-wood.	
	The office has now been moved to the medical treatment house. Manager understands the cats housed in this building must follow the same rules which means surfaces must be washable and sanitizable and damaged wood must be replaced with non-wood material.	
	Items to Address:	
	1) Office/Med. Treatment Building - Torn linoleum needs to be replaced and keep all areas well painted or replace with non-wood.	
	2) FIV House has areas of damaged linoleum - Shelter plans to replace this with laminate flooring.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 1/28/10 Time: 12:30pm

Robin Shelar
Inspector's Signature

Patricia Green
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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LICENSE #: 78
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BUSINESS NAME: SOAR
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
20)	Food Storage - All open bags of dry food or treats must be kept in a closed container - open cat food in cat adoption room. Bags of dry food must be stored off the floor. New room will have shelves for food storage.	
25)	Records - Vet. Treatment - Need to start recording vet. care treatments including a description of medication with the name and dosage and initials of person administering the product or procedure.	
	It is noted the new additions are not completed and are not reflected on this report although discussed items are documented.	
	Manager stated that overall painting is scheduled.	
	Re-Inspect in 60 calendar days (3/29/10	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 1/28/10 Time: 12:30pm

Pat M. Shula
Inspector's Signature

Patricia Green
Owner/Authorized Agent's Signature

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