Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 4-2-09-AWS#101
(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 4-27-09

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.33421 **W:** 78.72188

LICENSE #: 2
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Columbus County Animal Shelter
OWNER: Columbus Co. Gov.
ADDRESS: 288 Leison Dr. Whiteville, NC 28472
TELEPHONE: (910) 841-3945
VMO Sholar
COUNTY Columbus

Number of Primary Enclosures 45 **Animals Present: Dogs** 26 **Cats** 9

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 N/A
- ☒ 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: 4-27-09 Time: 1:30pm

R.M. Sholar
Inspector's Signature

Rossie Hayes
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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

ENTERED 4-27-09

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 2
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Columbus Co. A.S.
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Today's inspection is a follow-up on Complaint # AWS 101.	
	Items addressed in reference to complaint:	
	1- Dogs were being shifted to an empty run as their run was being hosed and the runs were being squeegied after hosing.	
	2- Puppies under 6 months of age had morning food available today.	
	3- There were no wet dogs found today.	
	4- Improvement in records is noted today. Origin information is more complete today as well as animal identification.	
	5- Dogs in isolation - Hound in long term care - there is a log stating the date and times when this dog is allowed out of it's run for exercise and socialization. A Beagle in isolation is on antibiotics for bite wounds and a vet. receipt is available for examination.	
	Items that need to be addressed:	
	7) Cat cages - 2 cat cages need the plexiglass resting surfaces replaced.	
	15) Cat water bowls in empty cages needed to be removed and cleaned. Remove all used food and water bowls when cats leave and clean and sanitize them.	
	Comments:	
	Temperature was 70° at 11:30 Am.	
	There was no sign of illness noted today.	
	Discussed the use of clorox with the director and shelter attendant. There were no clorox odors noticed today. Also discussed cleaning the waterers.	
	Two of the three AC vehicles were available for inspection today. Discussed proper ventilation and securing in vehicle and the frequency of sanitizing dog boxes. Discussed weekend feeding time - every 24 hours for adults.	
	Items # 7), 15) should be addressed before next inspection.	
	The issues in the complaint have been addressed.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 4-27-09 Time: 1:30 pm

[signature] Inspector's Signature

[signature] Owner/Authorized Agent's Signature

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