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 5/20/10

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 Leigon Dr. Whiteville, NC 28472
TELEPHONE: (910) 641-3945
VMO Hunter
COUNTY Columbus

Number of Primary Enclosures 45 **Animals Present: Dogs** 46 **Cats** 6

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
N/A 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
N/A ☐ 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** ~~☐ CONDITIONALLY APPROVED~~ ☐ **DISAPPROVED** Date: 5/20/10 Time: 1:00pm

[signature]
Inspector's Signature

[signature]
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 #: 2
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Columbus Co. Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	A Random Inspection of the Shelter and it's records of Origin and disposition was performed today. Inspection began at 10:00 Am. Only one attendent was present to handle the cleaning, feeding and phone calls and assisting the public. Cleaning was on going during the inspection. Temperature was 78° at 11:50 Am. There was no euthanasia performed today. Two dogs with neurological signs were observed in the quarantine area. When asked, I was advised both owners had decided to reclaim the dogs today. Nothing appeared life threatening or contagious. No signs of illness or injury were noted in any of the other animals.	
	Item To Address: 2c) Records – Origin + Disposition – More attention is needed in recording the complete contact information and having the owner sign the intake form.	

☒ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 5/20/10 Time: 1:00pm

Inspector's Signature: Dym Shelar

Owner/Authorized Agent's Signature: Colin E. Mercer

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner