Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint X AWS #101
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 X
OUTDOOR ☐
BOTH ☐

ENTERED

ANIMAL WELFARE INSPECTION

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

LICENSE #: 2
TYPE FACILITY: Animal Shelter (Private/Public) X **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) 841-3945
VMO Sholar
COUNTY Columbus

Number of Primary Enclosures 45 **Animals Present: Dogs** 34 **Cats** 2

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
☐ 7. Structure & Repair
X 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
☐ 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY
☐ 19. Adequate Feed/Water
X 20. Food Storage
X 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
N/A ☐ 27. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (doggie daycare)

Transportation
X 29. Care in Transit Discussed

Veterinary Care
X 30. Isolation Facility
☐ 31. No Signs of Illness/ Treated

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** X **DISAPPROVED** Date: 4-2-09 Time: 11:00 Am

R.M. Sholar J.E. Blanquiet
Inspector's Signature

Rossie Tony
Owner/Authorized Agent's Signature

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

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AWS #101

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:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Today's inspection is in reference to a formal complaint filed against the Columbus Co. Animal Control Concerning the practice of hosing the dog kennels while occupied, hosing bleach into the water receptickles where dogs are housed and hosing bleach in the dogs eyes and improper sanitation practices such as hosing bleach on feces instead of removing feces and then sanitizing and the lack of food for 75% of the dogs.	
	Inadequacies that must be addressed:	
	7) A dog in isolation did not have a resting platform. Director stated the dog had damaged the resting platform. Shelter must provide resting surfaces for all dogs.	
	14) Reference to Complaint - Observed during inspection today the Shelter attendant, Barry Hinson hosing the drain between 2 rows of kennels. The back splash went into the occupied kennels and wet the dogs and their resting surface. Discussed with Rossie Hayes and Barry Hinson the need to change the practice of hosing the direct kennel and the drain when it wets the area when the dog is housed. This issue has been discussed on previous inspections.	
	19) Puppies under 6 months of age did not have morning feed. All puppies and kittens under 6 months of age must be fed at least twice in a 24 hour period.	
	23) Puppies were wet from drain being hosed. There should not be any wet dogs in the kennels.	
	24) There needs to be a better description of the dogs and cats.	
	25) There needs to be better identification of each animal on the medical log.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 4-2-09 Time: 11:00Am

B.M. Shelton
Inspector's Signature

Rossie Hayes
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. AC
OWNER:
ADDRESS:
TELEPHONE: (_____) _____ - _____ Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
26)	Records of Origin - Staff need to pay more attention to getting the complete information on name, address and phone number.	
31)	Isolation Runs - Run #1 housed a hound with an injured left rear leg and an un-related puppy. The hound has not received any veterinary care. It came in on 3-31-09. The hound did not appear to be stressed or show severe pain although AW rules do state that veterinary care shall be provided or euthanized - #02 NC AC 52J.0210(c) Provided that this shall not affect compliance with any state or local law requiring the holding for a specific period of animals suspected of being diseased.	

Comments:

Temperature was 70° at 10:15 Am.

In reference to todays complaint inspection, the inspection indicates evidence that the complaint is valid. The issues in the complaint have been fully addressed with the director and shelter attendant.

Re-Inspect in 30 days.

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 4-2-09 Time: 11:00Am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner