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 ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.95573 **W:** 78.89005

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Cumberland County Animal Shelter
OWNER: Cumberland Co. Gov.
ADDRESS: 4704 Cooperation Dr, P.O. Box 1829, Fay., 28302-1829
TELEPHONE: (910) 321 - 6852
VMO Sholar
COUNTY Cumberland

Number of Primary Enclosures ~~276~~ 184 Dog Cat **Animals Present: Dogs** 167 **Cats** 107

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
- ☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
- ☒ 23. Description of Animals
- ☐ 24. Records/Vet Treatment
- ☒ 25. Origin/Disposition
- ☐ 26. Signature (boarding kennel) N/A
- ☐ 27. Written permission from owner for commingling (doggie daycare)

Transportation
- ☒ 28. Care in Transit Discussed

Veterinary Care
- ☒ 28. Isolation Facility
- ☐ 29. No Signs of Illness/ Treated

☐ **APPROVED** ☒ **DISAPPROVED** Date: 10-8-07 Time: 11:00 Am

Patm. Sholar
Inspector's Signature

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

ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/[Public]) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Cumberland County Animal Shelter
OWNER: Cumberland Co. Gov.
ADDRESS: 4704 Cooperation Dr., P.O. Box 1829, Fayetteville, NC 28302 1829
TELEPHONE: (910) 321 - 6852

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
7)	There are no resting surfaces for dogs - some cat cages have elevated resting surfaces - folded newspaper or towels or blankets ar acceptable.	
11) 12)	There are no litter pans avalable for cats. Must have 1 litter pan per 3 cats. Odors are strong in cat rooms - should be improved with use of litter pans. Prevelant odor in canine adoption Kennel room - cleaning was not complete for the morning.	
24)	Medical treatment records were not avalable today.	
29)	Signs of Parvo were prevelant in adoption and stray Kennel rooms.	
	Re-Inspect in 30 days.	

☐ **APPROVED** ☒ **DISAPPROVED** Date: 10-8-07 Time: 11:00 Am

Pat M. Shelter J. E. [signature]
Inspector's Signature

[signature]
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

North Carolina Department of Agriculture and Consumer Services
Veterinary Division
Animal Welfare Licensure Information
Change Form

Facility Name: Cumberland Co. An. Shelter License #: _____

Address: 555 N. Eastern Blvd Owner: Cumberland Co. Gov.

Fayetteville, NC Phone #: (910) 321-6852

Information to be changed: **circle appropriate status change and provide information**

Out of Business: date to terminate license ___/___/___

Change of Ownership: new owner: _____

Owner's home phone number: ___(___)_____

Owner's home address: _____

_____

Note: a new license must be issued for the new owner

Change of Name of Business: new name: _____

Change of Telephone Number: facility's new phone number: ___(___)_____

*Change of Address: facility's new address: 4704 Cooperation Dr. (P.O. Box 1829)

Fayetteville, NC 28302-1829

Change of Veterinarian: new vet: Name: _____
(first) (last)

Address: _____

_____

Phone #: ___(___)_____

Mail form to:
NCDA&CS
P.O. Box 26026
Raleigh, NC 27611

Signature 10/8/07
Date

AW5