Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 10-8-07
(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 11-26-07

ANIMAL WELFARE INSPECTION

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

LICENSE #: 14
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Cumberland County Animal Shelter
OWNER: Cumberland Co. Goverment
ADDRESS: 4704 Cooperation Dr., P.O. Box 1829, Fayetteville, NC 28302-1829
TELEPHONE: (910) 321 - 6852
VMO Sholar
COUNTY Cumberland
Number of Primary Enclosures 200 (104 ~~96~~ K9) 304 Total **Animals Present: Dogs** 250 **Cats** 250

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 — N/A
- ☒ 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: 11-26-07 Time: 11:00 AM

Pat M. 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,
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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 14
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Cumberland Co. An. Shelter
OWNER:
ADDRESS: Con't.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from 10-8-07	
	Inadequacies that have been addressed:	
	1- Resting surfaces are now avalable.	
	2- Disposable litter trays are being used - Today shelter ran out of disposable trays so they are using stainless large food bowls.	
	3- Medical records are being kept.	
	4- Odors are not as noticeable today - shelter has had problems w/ ventilation system.	
	5- No signs of Parvo today - shelter is using a stronger clorox solution to help contain + prevent the virus.	
	Discussed using the feral cat cages - stainless - okay if litter pan + resting surface is avalable.	
	Shelter needs more personnel to take care of the added number of animals that new facility can house.	

☒ APPROVED ☐ DISAPPROVED Date: 11-26-07 Time: 11:00 Am

Pat M. Shelar
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner