

Type of Inspection
 New _____
 Annual _____
 Follow-Up _____
 (Prev. Inspection Date)
 Complaint _____
 Courtesy _____
 Random _____

CDA&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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

LICENSE #: 95
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Kill Devil Hills Animal Control
 OWNER: Town of Kill Devil Hills
 ADDRESS: 701 Bermuda Bay Kill Devil Hills NC
 TELEPHONE: (252) 480-4047
 VMO: Hunter
 COUNTY: Dare

Number of Primary Enclosures 19-Dog Animals Present: Dogs 5 Cats 5
11-Cat

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)
 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: 8/4/10 Time: 1:25 PM

J. C. B...
 Inspector's Signature

U. B. Reber
 Owner/Authorized Agent's Signature

AW-2
 Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner