**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 8-10-09

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 34.71920 **W:** 77.97940

**LICENSE #:** 104
**TYPE FACILITY:** Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Town of Wallace
**OWNER:** Town of Wallace
**ADDRESS:** P. O. Box 849 Water Treatment Plant Rd., Wallace, NC 28466
**TELEPHONE:** (910) 285-4137/2126
**VMO** Sholar
**COUNTY** Duplin

**Number of Primary Enclosures** 4 **Animals Present: Dogs** 0 **Cats** 0

**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

NIA Today
0 DIC

NIA

NIA
0 DIC Today

## SPECIAL ITEMS

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

NIA

**Transportation**
- ☒ 29. Care in Transit Discussed

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

NIA Holding
NIA
0 DIC Today

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☒ **DISAPPROVED** Date: 8-10-09 Time: 10:30 Am

Pam Sholar
**Inspector's Signature**

Willie Curtis
**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 #: 104
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town of Wallace
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| 5) | Storage - Storage building is leaking over the dog/cat food storage can. This can was uncovered and half full of water. 20) Food storage - This area is not providing for dry food storage. 15) All equipment must be maintained in good working order. Keep food can clean + dry. | |
| 10) | The dog houses are missing in each one of the pens. There must be a dog house provided for each dog housed within each pen. | |
| 7) | Pen on the right - chain link needs to be repaired on left panel. | |
| 18) | Building + Grounds - It is apparent that this holding site has not had any attention to the grounds or pens recently. There are weeds and grass around the pens and vines growing through the pens. Entire area needs a thorough cleaning. | |
| 26) | Records - Always log the origin of all animals picked up. | |
| | Re-Inspect in 30 working days. | |

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date 8-10-09 Time: 10:30 Am

Pat M. Shelar
Inspector's Signature

Willie Currie
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner