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

NCDA&CS, VETERINARY DIVISION
P. O. BOX 26026, RALEIGH, NC 27611
Phone: 919/733-7601, Fax: 919/733-2277

INDOOR ☐
OUTDOOR ☒
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.82024 **W:** 78.02882
QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: Town of Rose Hill **LICENSE#:** 105
OWNER: Town of Rose Hill
ADDRESS: P.O. Box 9 145 Lake Tot Rd. Rose Hill NC 28458
TELEPHONE: (910) 289-2091 **VMO** Sholar **COUNTY** Duplin
TYPE FACILITY: Animal Shelter ☒ **Boarding Kennel** ☐ **Dealer** ☐ **Pet Shop** ☐ **Public Auction** ☐
Number of Primary Enclosures 1 **Animals Present: Dogs** 0 **Cats** 0

Inspector: Mark "X" in box, if adequate. Circle 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. Animals' Appearance

SPECIAL ITEMS
Records
☒ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
N/A ☐ 26. Signature (boarding kennel)

Transportation
☒ 27. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/ Treated
N/A None Present

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Pen has been totally destroyed by a windstorm. The intent is to replace this as soon as possible with a similar type pen, possibly one of better quality material if funds will allow. Chief O'Connell will contact me when this is complete for an inspection.	

☐ **APPROVED** ☒ **DISAPPROVED** Date: 3-19-08 Time: 2:30pm

Veterinarian: _____ Telephone: (____) ____-_____

Pat M. Sholar
Inspector's Signature

Michael F. O'Connell
Owner/Authorized Agent's Signature

AW-2
Rev. 7/01 White= Office Canary= Inspector Pink= Owner