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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.35547 **W:** 77.62701

LICENSE #: 25
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Halifax Co Animal Shelter
OWNER: Halifax Co Government
ADDRESS: 568 Dog Pound Rd Halifax NC
TELEPHONE: (252) 583 - 1850
VMO Hunter
COUNTY Halifax

Number of Primary Enclosures 36-Dogs 26-CAT **Animals Present: Dogs** 31 **Cats** 2

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

Transportation
- ☒ 29. Care in Transit Discussed

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

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☒ **DISAPPROVED** Date: 5/3/10 Time: 9:50.

J. E. B[illegible]
Inspector's Signature

Robert Richardson
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 #: 25
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Hal. Fax Co Animal Shelter.
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I performed a Euthanaizia Inspection on 10/12/09. On that inspection I observed (1) one of the staff memebers perform Euthanasia and the practial performed was acceptable.	
	On todays visit I am to observe employees who were recently certified. I observed a Euthanasia is it was acceptable by the employees.	
	The manual is complete with the exception of the HSHS and AHA manual. The staff also needs to add the MD contact information. This was addressed on the 10/12/09 inspection.	
	I also performed a random inspection, I observed the following inadequacies that need to be corrected with 60 days.	
	#7 Need to replace the torn resting surfaces the plastic covering is coming off exposing the metal.	
	#11 Need to install drain covers in the kennel.	
	#9 Need to replace air filters with-in the shelter.	
	#12 Did detect some odor with-in the shelter	
	#17 Need to have a pest control company spray for insects. I observed numerous bugs and spiders.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 5/3/10 Time: 9:15 am

J. E. Blazier
Inspector's Signature

Robert Richardson
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner