Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☒ 6/25/07

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 ☒

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.39039 **W:** 76.97478

LICENSE #: 83JB
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Hertford Co. Animal Shelter
OWNER: Hertford Co Government & PAWS of Hertford Co.
ADDRESS: 231 Mount Moriah Rd Winton NC 27984
TELEPHONE: (252) 358-7861
VMO Blomquist
COUNTY Hertford

Number of Primary Enclosures 7 **Animals Present: Dogs** 23 **Cats** 13

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 (Kennels)
- ☒ 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: 6/25/07 Time: 11:00AM

[signature] **Inspector's Signature**

[signature] **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07 White= Office Canary= Inspector Pink= Owner

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Hertford Co Animal Shelter
OWNER: Hertford Co. Government PAWS of Hertford
ADDRESS: 231 Mount Moriah Rd Winton NC 27984
TELEPHONE: (252) 358-7861

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I Performed A random inspection on 6/25/07.	
	The Shelter is run by Paws of Hertford County.	
	I observed some issues that need addressing.	
	The wooden dog house in the back of the Shelter, needs to be replaced with something other then wood. Igloo dog houses would be ok. just no wood.	
	The chain link on Pen 5, the cement holding the fencing down needs to be fixed.	
	The concrete between two cages is missing and a resting bed is being utilized. This needs to be corrected.	
	Make sure if any medication is given, that on a piece of paper or form, the following should be listed.	
	A) medication given (and amount)	
	B) Date & Time	
	C) Initials on who administrated the medications.	
	The Shelter looks good but there are still issues need addressing	
	Please call me with any questions.	
	The animals appearances looked good. I observed no sign of illness.	
	Getting ready to improving the drainage system	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 6/25/07 Time: 11:00am

J.E. [signature] — **Inspector's Signature**

[signature] — **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☒ 6/25/07

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 ☐

ANIMAL WELFARE INSPECTION

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

LICENSE #: 25 B
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 27839
TELEPHONE: (252) 583-1050
VMO Blomquist
COUNTY Halifax

Number of Primary Enclosures 36-Dog 28-Cat **Animals Present: Dogs** 6 **Cats** 6

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

Everything looked good. No Problems noted

SANITATION
☒ 11. Waste Disposal
☐ 12. Odor
☒ 13. Ceiling, Wall, Floors
☒ 14. Primary Enclosures
☒ 15. Equipment & Supplies
☒ 16. Washrooms, Sinks, Basins
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☒ 28. Care in Transit Discussed

Veterinary Care
☒ 28. Isolation Facility
☒ 29. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **DISAPPROVED** Date: 6/25/07 Time: 9:05 am

J.E. [signature] **Inspector's Signature**

[signature] **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07 White= Office Canary= Inspector Pink= Owner