Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 8/3/10
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

CDA&CS, VETERINARY DIVISIC
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: 35.63966 **W:** 78.45900

LICENSE #: 39
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Johnston Co SPCA
OWNER: Melinda Barefoot
ADDRESS: 720 Durham Rd Clayton NC
TELEPHONE: (919) 553 - 3749
VMO Hunter
COUNTY Johnston

Number of Primary Enclosures 90 **Animals Present: Dogs** 114 **Cats** 10

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** ☒ **DISAPPROVED** Date: 8/6/10 Time: 2:00pm

Inspector's Signature **Owner/Authorized Agent's Signature**

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

CDA&CS, VETERINARY DIVISIC
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 39
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Johnston Co SPCA
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I performed a follow-up inspection today. On Tuesday August 3rd I stop by to perform an inspection. The shelter was in such disarray I could not perform an inspection. However today the shelter looked much better. There were (4) people working today. On Tuesday there was only the manager working. There are numerous empty cages and food and water containers outside. This is to be cleaned by community workers. (1) one worker was to be at work this morning but didn't show up. There is another worker scheduled for this afternoon.	
	I observed some dogs that were skinny and some had mange. The manager advised she was dipping the manged dogs. I advised the manager needs to consult Dr. Flood on this issue and the dogs that look skinny.	
	I observed some records on dogs, however not all of the dogs. The records I was shown were on the dogs being dipped. There were a few records indicating the manager was providing worming for the skinny looking dogs.	
	I am disapproving this inspection today because of lack of records, and I want the veterinarian to look at these dogs. I need for the manager to provide me proof the dogs have been examined.	
	I will perform a follow-up in 3 or 4 days.	
	X - The animal control officer for Clayton needs to fill an imoundment slip out when dropping off an animal. I addressed this issue on 2009 inspection. This is required under the AW Rules.	

□ APPROVED □ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 8/6/10 Time: 2:00 pm

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

[illegible] Barefoot
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner