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: 35.63966 **W:** 78.45906

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 ST Clayton NC
TELEPHONE: (919) 553-3749
VMO Hunter
COUNTY Johnston

Number of Primary Enclosures 90 **Animals Present: Dogs** 138 **Cats** 34

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
NA 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
NA 26. Signature (boarding kennel)
NA 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: 7/6/07 Time: 2:30 pm

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

Melinda V. Barefoot
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 #: 39
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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I Performed an inspection on Today's date. There are inadequacies listed below that need correcting	
	#2- One of the kennel areas temperature was warmer then the rest of the building. The manager advised the coils in the A/C unit were being replaced. The parts had not come in yet.	
	#7- The kennel walls still need to be painted.	
	#12- I did observe some odor at the facility.	
	#17- There were flies quite a few around the front door area. I did a fly trap hanging up, but need more insect and vermin control.	
	#23- I observed a couple of dogs that looked sick. The manager advised those dogs would be euthanaized today.	
	#24- The manager needs to keep better records on any medications that are given to the animals.	
	The shelter was in the process of being cleaned.	
	The manager needs to work on getting her number of animals down.	
	I will be back in 60 days to observe if the above issues are being corrected.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 1/16/07 Time: 2:50p

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

Melinda A. Barefoot
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner