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:** 78.45900

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

Number of Primary Enclosures 90 **Animals Present: Dogs** 105 **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
☒ 2. Ventilation & Temp.
☒ 3. Lighting
☒ 4. Ceiling, Wall, Floors
☒ 5. Storage
☒ 6. Water Drainage

Primary Enclosures
☒ 7. Structure & Repair
☒ 8. Space
☒ 9. Ventilation & Temp. 68°
☒ 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: 2/1 Time: 2:10pm

J. E. Blanquis
Inspector's Signature

Melinda W. 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
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 the 9/16/09 inspection I addressed some inadequacies, those inadequacies have been corrected.	
	The shelter houses 2 or 3 dogs in each large kennel. The shelter utilizes newspapers for resting surfaces. The shelter is in the process converting to plastic resting surfaces.	
	There are less dogs today and the number of cats are less.	
*	The ACO for Clayton needs to fill out impoundment slips instead of the shelter employees given the information to fill out the form.	
	The shelter looked good today.	
	The medical records on the dogs looked good.	

☒ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 2/11/10 Time: 2:00pm

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

Melinda N Barefoot
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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