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

CDA&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: 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** 107 **Cats** 15

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: 8/25/10 Time: 1:30pm

J. C. [signature]
Inspector's Signature

Melinda 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
	The inspection today is a follow-up from an inspection performed on 8/6/10.	
	On the 8/6/10 inspection I observed some inadequacies that needed to be corrected.	
	On 8/6/10, inspection I advised the manager to establish a record keeping system. The manager had the records for the animals housed at the shelter but the records were in no type of order.	
	On todays inspection the record keeping is much improved. There are folders established that indicate the cage and kennel an animal is housed.	
	There is still some folders not completed but my next inspection they should be complete.	
	The Animal Control Officer for the Town of Clayton is now filling out the impoundment sheets so as the manager of the shelter can concentrate on the shelter.	
	The shelter was being cleaned at the time of the inspection. There were (3) employees working.	
	I looked at all the animals and the animals appeared healthy and well taken care of.	
	I will return in 30 days to ensure the remaining files are complete and perform a follow-up inspection.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 8/25/10 Time: 1:25pm

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner