

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: W:

LICENSE #: 97
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Town of Benson Animal Shelter "Outdoor Facility"
 OWNER: Town of Benson
 ADDRESS: 500 N. Market St Benson NC 27504
 TELEPHONE: (919) 894-3616
 VMO: Hunter
 COUNTY: Johnston

Number of Primary Enclosures 3 Animals Present: Dogs 0 Cats 0

**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

- 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: 7/14/08 Time: 9:00am

J. E. [Signature]
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature

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