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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR X
OUTDOOR ☐
BOTH ☐

ENTERED 3-30-09

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.26223 **W:** 77.92629

LICENSE #: 16
TYPE FACILITY: Animal Shelter (Private/Public) X ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: New Hanover County Animal Shelter
OWNER: New Hanover Co. Gov.
ADDRESS: 180 Divison Dr. Wilmington, NC 28401
TELEPHONE: (910) 798-7500
VMO Sholar
COUNTY New Hanover

Number of Primary Enclosures 68 **Animals Present: Dogs** 39 **Cats** 22

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
X 2. Ventilation & Temp.
☐ 3. Lighting
☐ 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
X 7. Structure & Repair
X 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies N/A
X 16. Washrooms, Sinks, Basins
☐ 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY
X 19. Adequate Feed/Water
☐ 20. Food Storage
X 21. Personnel
☐ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area N/A
X 23. Animals' Appearance

SPECIAL ITEMS

Records
X 24. Description of Animals
X 25. Records/Vet Treatment
X 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (doggie daycare)

Transportation
X 29. Care in Transit Discussed

Veterinary Care
X 30. Isolation Facility
X 31. No Signs of Illness/ Treated

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** X **DISAPPROVED** Date: 3.30.09 Time: 4:45pm

Patm Sholar
Inspector's Signature

Owner/Authorized Agent's Signature

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

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PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED 3-30-09

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 16
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: New Hanover County Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1)	Metal doors in dog Kennel areas have rusted areas that need to be addressed.	
3)	Lighting - Lights are burned out over run #'s 033, B007, EB037, A002. All lights must be in working order	
4)	The ceiling over run # E012 is black with mold - Check for water leak. There is peeling paint on the ceiling over run #'s EB025, B007 EB002, EB000. All the damaged ceiling areas must be addressed.	
4)	There is grout between the tiles missing at run #'s 035, 036, 012, E039. These areas must be addressed to aide in complete sanitation.	
17)	A live roach was found in the K-9 Kennel area. Manager stated they have an exterminator come in once a month but will discuss the problem and check on getting this insect problem under control.	
20)	Open bags of food were found in the food storage room. All opened bags of food must be stored in a covered container	

Comments:

A broken thermometer needs to be replaced in the large K-9 Kennel area.

Shelter has had an outbreak of Kennel cough - dogs are on meds in isolation.

Re-Inspect in 30 days.

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 3-30-09 TMB Time: 4:45pm

Pat M. Shelton
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner