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 ☐
OUTDOOR ☐
BOTH X

ENTERED 3-30-09

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.26455 **W:** 77.92064

LICENSE #: 5
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: The New Hanover Humane Society
OWNER: Humane Society
ADDRESS: 2405 N. 23rd St., P.O. Box 2094, Wilmington, NC 28401
TELEPHONE: (910) 763-6692
VMO Sholar
COUNTY New Hanover

Number of Primary Enclosures 26 **Animals Present: Dogs** 3 **Cats** 4

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
☐ 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
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY
X 19. Adequate Feed/Water
X 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
☐ 24. Description of Animals
☐ 25. Records/Vet Treatment
☐ 26. Origin/Disposition
☐ 27. Signature (boarding kennel) — N/A
☐ 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

X **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 3-30-09 Time: 1:30 pm

Pat M. Sholar
Inspector's Signature

Martha Rayn
Owner/Authorized Agent's Signature

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

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ENTERED 3-30-09

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 5
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: The New Hanover Humane Society
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	7) Cat resting boards need to be replaced with a non-wood product - outdoor exercise room. Inside cat room - replace wood resting board with non-wood.	
	Remember to store all open food/treats in a closed container.	
	Shelter is clean, no signs of illness noted.	
	Euth. and transportation standards have been discussed.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 3-30-09 Time: 1:30 pm

Pam M. Shelar
Inspector's Signature

Martha Rey
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner