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

DA&CS, VETERINARY DIVISION
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR ☐
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.35700 **W:** 77.19672
QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: Town of Woodland **LICENSE #:** #121
OWNER: Town of Woodland
ADDRESS: 300 Spruce St Woodland NC. 27897
TELEPHONE: (252) 587 - 7161 **VMO** _____ **COUNTY** Northampton
TYPE FACILITY: Animal Shelter ☒ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures _____ **Animals Present: Dogs** Ø **Cats** Ø

Inspector: Mark "X" in box, if adequate. Circle 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. Animals' Appearance

SPECIAL ITEMS
Records
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)

Transportation
☐ 27. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/ Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	4 Pens located behind a Storage barn. Plastic used For Food & Water. 55 gallon Plastic Drums used For dog houses. Grass Flooring. No Premeter Fence. No Top on Pens. No Washroom. No Ceeling or Floors. No Water drainage. No Ambient Temperature. No euthanaiza Pe-Formed. No Veterinary Care.	

☐ **APPROVED** ☐ **DISAPPROVED** Date: 10/13/06 Time: 12:15pm

Veterinarian: _____ Telephone: (____)_____-_____

J. E. [signature]
Inspector's Signature

Robert L. Collier
Owner/Authorized Agent's Signature

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner