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 ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.40675 **W:** 77.44193

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Northampton Co. Animal Shelter
OWNER: Northampton Co. Government
ADDRESS: P.O. Box 635 Jackson NC
TELEPHONE: (252) 534-5841
VMO Blomquist
COUNTY Northampton

Number of Primary Enclosures 5 **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: 9/13/07 Time: 9:15am

[signature] **Inspector's Signature**

[signature] **Owner/Authorized Agent's Signature**

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

NCDA&CS, VETERINARY DIVISION
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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Northampton Co. Animal Shelter
OWNER: Northampton Co. Government
ADDRESS: P.O. Box 635 Jackson NC
TELEPHONE: (252) 534-5841

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I Performed an inspection today. On the last inspection performed on 2/13/07 there were issues that needed addressing to bring the shelter into compliance.	
	The following issues still need addressing:	
	1) Wood needs to be removed from kennels.	
	2) Lighting needs to fixed in the kennel area.	
	3). Water on the floor. (Water pipe was broken).	
	4) Cages need repairing.	
	5) Need to regulate the temperature in the building.	
	6) No hot water to sanitize foods water bowls.	
	7) Chewed up food and water bowls, need replacing.	
	8) The grass needs to be cut.	
	It has been brought to my attention, that sometime after Jan 2008 the county is planning on constructing a new facility. I was also advised the other communities in Northampton Co are going to participate in the new shelter.	
	I will be back in 60 days, to see if there has been any improvements.	

☐ **APPROVED** ☒ **DISAPPROVED** Date: 9/13/07 Time: 9:30 am

Inspector's Signature **Owner/Authorized Agent's Signature**

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