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

NCDA&CS, VETERINARY DIVISION
P. O. BOX 26026, RALEIGH, NC 27611
Phone: 919/733-7601, Fax: 919/733-2277

INDOOR ☐
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.43471 **W:** 77.22833
QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

98

BUSINESS NAME: TOWN OF CONWAY **LICENSE#:** _____
OWNER: TOWN OF CONWAY
ADDRESS: 221 W. MAIN ST CONWAY NC 27820
TELEPHONE: (252) 585-0488 **VMO** BLOMQUIST **COUNTY** NORTHAMPTON
TYPE FACILITY: Animal Shelter ☒ **Boarding Kennel** ☐ **Dealer** ☐ **Pet Shop** ☐ **Public Auction** ☐
Number of Primary Enclosures 2 **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
N/A 24. Records/Vet Treatment
☒ 25. Origin/Disposition
N/A 26. Signature (boarding kennel)

Transportation
☒ 27. Care in Transit Discussed

Veterinary Care
N/A 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
	This is an outdoor facility. The town built a 2 pen holding kennel. The town of Conway needs to be commended for the work they performed. This outdoor facility complies with the Animal Welfare rule 02 NCAC 52J.203 The town needs to submit the required application. Once this recieved the town can be licensed.	
	No euthanizia is performed at this holding facility.	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 11/8/07 Time: 10:05am

Veterinarian: N/A Telephone: (____) — - —

J.E. [signature]
Inspector's Signature

Jerry Burgess
Owner/Authorized Agent's Signature

AW-2
Rev. 7/01

White= Office Canary= Inspector Pink= Owner