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 ☐

ENTERED

ANIMAL WELFARE INSPECTION

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

LICENSE #: 114
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 Hunter
COUNTY Northampton

Number of Primary Enclosures 5 **Animals Present: Dogs** 1 **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
- NA 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- ☒ 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation
- ☒ 29. Care in Transit Discussed

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

☐ **APPROVED** ☒ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 10/15/08 Time: 9:15

J. E. Blanchard
Inspector's Signature

Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE SECTION,
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
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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 a Follow-up inspection on 7/24/08, I conditionally approved the shelter on that day.	
	The shelter needed two (2) issues addressed to be approved.	
	#2 #9 - Still need to regulated the temperature inside the shelter. The county is in the process of addressing this issue.	
	#15 The county has replaced the food and water bowls.	
	I will be back in 45 days to perform a follow up on the shelter. I am giving the shelter a conditionally approved on todays inspection.	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 7/24/08 Time: 9:24

J. E. Blanchard
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner