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 4-1-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.74311 **W:** 77.47111

LICENSE #: 459
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Onslow County Animal Shelter
OWNER: Onslow Co. Gov.
ADDRESS: 224 Georgetown Rd., Jacksonville, NC 28540
TELEPHONE: (910) 455-8277
VMO Sholar
COUNTY Onslow

Number of Primary Enclosures 106 K-9, 103 Fl. **Animals Present: Dogs** 74 **Cats** 38

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

NA

Transportation
- ☒ 29. Care in Transit Discussed

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

☒ **APPROVED** ☐ **CONDITIONally APPROVED** ☐ **DISAPPROVED** Date: 4-1-08 Time: 2:15pm

Pat M. Sholar
Inspector's Signature

Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED 4-1-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 6659
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Onslow County Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
7)	K-9 qt. room - Guilotene door is damaged - needs replacing. Staff said replacement material has been ordered.	
25)	Medical Log - Staff said meds are now being logged on the "Bite Log". There needs to be a medical log for any animal that is given meds while being housed at this facility whether it is in quarantine or general population. Specifics of a Medical Log are: 1. Animal ID 2. Name + dosease (strenght) of medication 3. Date 4. Time (Am or pm) 5. Person's initials giving medication.	
	A new Ventilation system has been installed in the cat adoption room to help reduce respiratory illnesses.	
	The plastic water buckets are still being used. Remember to use only those that are not damaged.	
	Also a reminder to remove dog from run that is being hosed.	
	Facility is clean, dogs + cats look good. Euthanasia by injection is performed by vet. A CO chamber is used for feral cats + wildlife.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 4-1-08 Time: 2:15 pm

Pat M. Shelar
Inspector's Signature

Owner/Authorized Agent's Signature

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