Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 11-13-07
(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 X

ENTERED 1-30-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.44595 **W:** 77.57780

LICENSE #: 84
TYPE FACILITY: Animal Shelter (Private/Public) X **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Topsail Humane Society
OWNER: Kathy Lewis
ADDRESS: 304 Becky's Creek Rd., Hampstead, NC 28443
TELEPHONE: (910) 329-0323
VMO Sholar
COUNTY Pender

Number of Primary Enclosures 14 **Animals Present: Dogs** 16 **Cats** 0

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
- X 1. Structure & Repair
- X 2. Ventilation & Temp.
- X 3. Lighting
- X 4. Ceiling, Wall, Floors
- X 5. Storage
- X 6. Water Drainage

Primary Enclosures
- ☐ 7. Structure & Repair
- X 8. Space
- X 9. Ventilation & Temp.
- X 10. Adequate Shelter

SANITATION

- X 11. Waste Disposal
- X 12. Odor
- X 13. Ceiling, Wall, Floors
- X 14. Primary Enclosures
- X 15. Equipment & Supplies
- X 16. Washrooms, Sinks, Basins
- X 17. Insect/Vermin Control
- X 18. Building & Grounds

HUSBANDRY
- X 19. Adequate Feed/Water
- X 20. Food Storage
- X 21. Personnel
- X 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- X 23. Animals' Appearance

SPECIAL ITEMS

Records
- X 23. Description of Animals
- X 24. Records/Vet Treatment
- X 25. Origin/Disposition
- ☐ 26. Signature (boarding kennel) N/A
- ☐ 27. Written permission from owner for commingling (doggie daycare)

Transportation
- X 28. Care in Transit Discussed

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

X **APPROVED** ☐ **DISAPPROVED** Date: 1-30-08 Time: 11:00 Am

Pat M. Sholar
Inspector's Signature

Kathy Lewis
Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
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ENTERED 1-30-08

ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 84
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Topsail Humane Society
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from 11-13-07	
	7) Outdoor exercise yard - gravel is on site and worker ready to spread it today.	
	New records have been created - look good.	
	Dogs look well cared for, Temperature 64° at 10:00 Am.	
	Good Job!	

X APPROVED ☐ DISAPPROVED Date: 1-30-08 Time: 11:00 Am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner