Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 10/13/09 + 10/26/09
(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 1/19/10

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.41178 **W:** 77.61096

LICENSE #: 84 (Suspended 12/28/09)
TYPE FACILITY: Animal Shelter (Private/Public) X **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Topsail Humane Society
OWNER: Kathy Lewis
ADDRESS: 117 Lewis Rd. Hampstead, NC 28443
TELEPHONE: (910) 270-2543
VMO Sholar
COUNTY Pender

Number of Primary Enclosures 6 outdoor Pens 7 Indoor Cages **Animals Present: Dogs** ~~6~~ 7 **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.
X 3. Lighting
☐ 4. Ceiling, Wall, Floors
☐ 5. Storage
X 6. Water Drainage

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

SANITATION

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

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

SPECIAL ITEMS

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

Transportation
X 29. Care in Transit Discussed

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

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** X **DISAPPROVED** Date: 1/19/10 Time: 1:30pm

Peter Sholar
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 INSPECTION CONTINUATION PAGE

LICENSE #: 84 (Suspended 12/28/09)
TYPE FACILITY: Animal Shelter (Private/Public) ☑ 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 inspection from 10/13/09 (on site) + 10/26/09 by phone with THS volunteer.	
	Due to lack of compliance and lack of communication with the owner Kathy Lewis, the Certificate of Registration to operate as Topsail Humane Society was Suspened on 12/28/09. This means there should not be any animals housed at this site until all items are brought into full compliance and a passing inspection is received.	
	Today's inspection began at 10:30 Am. There were 7 small breed dogs housed inside the metal building. The owner Kathy Lewis stated these dogs were brought in yesterday to be bathed and groomed before being neutered or spayed this Thursday. There were housed with fosters. They were housed in folding wire crates and then moved to the outdoor pens for exercise and feeding. The residence on the property is being inhabitated by the owner's foster daughter who the owner stated was employed by THS. The owner stated the washer + dryer in the residence would be used to clean THS dog bedding and house records.	
	Items that have been addressed since 10/13/09:	
	1- Outdoor Pens - all of the chain link has been repaired and as of today is in good condition.	
	2- All of the tops have been replaced and are now secure and in good condition.	
	3. An outdoor exercise pen w/5 ft. high chain link on good grass is now approved for temporary use as an exercise area while other pens are being cleaned.	
	4- A PVC pipe has been cut in half and positioned next to the concrete pads for drainage to catch hair and aids in good sanitation. An acceptable gravel border with containment is in place.	
	5- Areas around all pens are clean as well as the outdoor pens.	
	6- Descriptions of the dogs are improved on the records.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☑ DISAPPROVED Date: 1/19/10 Time:_____

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 INSPECTION CONTINUATION PAGE

LICENSE #: 84 (Suspended 12/28/09)
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: THS
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____) _____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Items To Be Addressed.	
	1) Metal Building - Building needs to be cleared of all miscellanous stored items that are not relavant to operating a shelter.	
	Install a thermomster to monitor ambiant temperature (50°-85°)	
	A means to heat and cool must be present and working.	
	An area to store bedding and food must be designated.	
	Hot and cold running water with a sink must be available.	
	The building - Ceiling, walls and floors must be clean and in good repair.	
	These item #'s appl. to the above mentioned - 2), 4), 5), 9), 13), 14), 16) 18)	
	Also discussed with owner the folding wire crates - need to use a material that is impervious to moisture to place between the crates and underneath crates if they are stacked to prevent cross contamination.	
	26) Records of Origin - Owner still does not have complete records of origin. Need to record previous owner's name, address and phone number.	
	All of the above, the owner is currently working to address.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 1/19/10 Time: _____

Inspector's Signature

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