Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 10/6/09
(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 ☐

ENTERED

ANIMAL WELFARE INSPECTION

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

LICENSE #: 84
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Topsail Humane Society
OWNER: Kathy Lewis
ADDRESS: 117 Lewis Rd., Hampstead, NC 28444
TELEPHONE: (910) 270-2543
VMO Sholar
COUNTY Pender

Number of Primary Enclosures 37 **Animals Present: Dogs** 9 **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
☐ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area — N/A
☒ 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation
☒ 29. Care in Transit Discussed

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

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☒ **DISAPPROVED** Date: 10/13/09 Time: 1:00 pm

Robin Sholar
Inspector's Signature

Elizabeth M. Reeves
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
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Topsail HS
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from 10/6/09	
	Items addressed:	
	1- Personal dogs have been removed from facility so there are no issues with wood or upholstered furniture.	
	2- There are no issues with inadequate food/water today.	
	3- The one volunteer has cleaned the feces from around the concrete pads.	
	4- The one volunteer has updated the records to show the origin.	
	Items still to be addressed:	
	7) All issues with the outdoor fencing still need to be addressed.	
	14), 18) The grass needs mowing and bushes need trimming. Hair is still present in the grass around the outdoor pens.	
	Comments:	
	Talked by phone last week (10/7/09) with owner Kathy Lewis about the issues that needed to be addressed at this shelter. Ms. Lewis advised me that she plans to close the shelter as quick as she can place the dogs that are currently housed at the shelter. Today there were 3 dogs less than last week. I have advised the volunteer and Ms. Lewis that I must be informed when she closes the shelter.	
	The inspection remains disapproved regarding items 7), 14), 18).	
	Follow-up in 7 days.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 10/13/09 Time: 1:00pm

Palm. Shelter
Inspector's Signature

Elizabeth M Lewis
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner