Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 1/19/10
(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 ☒

ANIMAL WELFARE INSPECTION

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

LICENSE #: 84 (Suspended 12/28/09)
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 28443
TELEPHONE: (910) 270 - 2543
VMO Hunter
COUNTY Pender

Number of Primary Enclosures 6 outdoor pens 7 indoor cages **Animals Present: Dogs** 2 personal **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
- N/A ☐ 27. Signature (boarding kennel)
- ☐ 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: 4/13/10 Time: 12:30pm

R. M. Shelar
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 1/19/10 A C+D was issued on 2/9/10 but was not received by the owner. The owner, Kathy Lewis stated today she was unaware of the C+D order. A copy was left with her. A copy of the 2011-12 license renewal was left with her also and she was reminded it must be submitted and a passing inspection received before she can operate the THS facility. The owner had a previous appointment and had to leave before this report was written.	
	Items Addressed:	
	1- Inside facility building - A hot water heater has been installed, a sink has been installed, a thermometer is present to monitor temperature, no dogs are being housed inside the building today. Some of the items unrelated to operating the shelter have been removed. 2- Outside Area - One container/building has been moved away from the immediate yard area of the facility.	
	Items Still to be Addressed:	
	1) Metal Building (Facility THS) - All items unrelated to operating THS need to be cleaned out. Make sure ceilings, walls + floors are in good repair + clean - 4), 13)	
	2) 9) Ventilation + Temperature - A thermometer was present today but must confirm air and heat are working.	
	7) Outdoor Exercise Pen - damaged chain link must be repaired.	
	14) Sanitation - Primary Enclosures - The pen the personal dogs were housed in had not been cleaned at 11:00 Am today. Feces - old - found in gravel around pen. All pens must be cleaned at least two times a day and need to pay attention to cleaning feces out of the gravel border.	

☐ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☒ DISAPPROVED Date: 4/13/10 Time: 12:30pm

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 (12/28/09 Suspended)
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
18)	Grounds - All outside areas of the THS facility must be kept clean and clear of all accumulation of junk, trash and debris. The area surrounding any licensed facility must be kept clean and tidy. Keep all gravel areas - drainage - clear of grass and weeds.	
20)	Food Storage - An open bag of food was inside facility. Keep all opened bags of food in a closed container.	
24) 25) 26)	Records - No records were available for inspection today. At follow-up inspection, owner must provide all records for inspection.	

Comments:

Again, owner was present but had to leave. She was advised a copy of this report would be left for her inside the THS building and she stated that was agreeable.

The two dogs on site today were owned by the owner's brother on site as well, who stated he was having some marriage issues and needed to house them here for a while.

The owner stated all the unaddressed items should be addressed within the next 30 days.

Follow-up in 30 days - sooner if owner calls + is ready (5/13/10)

☐ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☒ DISAPPROVED Date: 4/13/10 Time: 12:30pm

Robert Shelton
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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