Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random X _____

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 2-13-09

ANIMAL WELFARE INSPECTION

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

LICENSE #: 10491
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel X Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Topsail Humane Society Boarding
OWNER: Kathy Lewis
ADDRESS: 304 Becky's Creek Rd., Hampstead, NC 28444
TELEPHONE: (910) 275-8380
VMO Sholar
COUNTY Pender

Number of Primary Enclosures 16 **Animals Present: Dogs** 0 **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.
(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
(20.) Food Storage
X 21. Personnel
N/A 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
X 23. Animals' Appearance

SPECIAL ITEMS

Records
X 24. Description of Animals
X 25. Records/Vet Treatment
N/A 26. Origin/Disposition
X 27. Signature (boarding kennel)
N/A 28. Written permission from owner for commingling (doggie daycare)
No Commingling

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: 2-11-09 Time: 10:00 Am

Pam Sholar
Inspector's Signature

Kathy Lewis
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 #: 10491
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Topsail Humane Society Boarding
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
3)	Lighting - Outside Runs - Left side - 2nd + 6th set of lights are not burning. Right side - 4th set of lights are not burning. All lights in facility must be in working order.	
7)	Structure + Repair - Left and right side play areas - bare dirt is showing. Need to bring gravel up to 6 inch required depth. Runs #8, #9 - Holes in wall need to be repaired and repainted. Runs #9, #14, #20 - Chain link on inside gates need attention. Areas with chipped and peeling paint need repainting/reseeding.	
20)	Food Storage - One open bag of dry food was found. All open bags of food must be stored in a closed container.	

Temperatures were 67° and 74°.

Re-Inspect in 60-90 days.

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 2-11-09 Time: 10:00 Am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner