Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 2-11-09
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

CDA&CS, VETERINARY DIVISI(
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR ☐
OUTDOOR ☐
BOTH X

ENTERED 4-14-09

ANIMAL WELFARE INSPECTION

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

LICENSE #: 84
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 - 2660
VMO Stolar
COUNTY Pender

Number of Primary Enclosures 23 **Animals Present: Dogs** 5 **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
☐ 6. Water Drainage

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

SANITATION

☐ 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
☐ 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
☐ 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
☐ 30. Isolation Facility
X 31. No Signs of Illness/ Treated

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** X **DISAPPROVED** Date: 4-13-09 Time: 1:00 pm

R/M. Stolar
Inspector's Signature

Cathy Williams
Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
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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 N.S.
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____ Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Topsail Humane Society has moved from their location at 304 Becky's Creek Rd., Hampstead to 117 Lewis Rd., Hampstead. The following items need to be addressed:	
(7)	7) Outdoor Kennels - 6 inches of gravel needs to be installed around the outside borders of the Kennels (24 inches wide, 6 inches deep). All of the chain link needs to be closely examined and make sure all wire is turned down to prevent injuries and secured tightly to prevent escape.	
11) 14)	Feces needs to be removed from pens twice daily.	
26)	Records - Owner needs to provide full origin information for each dog.	
30)	Owner needs to set aside an isolation area with signage.	
	Comments:	
	Owner has made a small dog kennel room in the house she will be using as her shelter office.	
	Owner has not had time to get organized or make neat the outdoor yards. Owner understands all of the AWS requirements.	
	Re-Inspect in 30 days.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 4.13.09 Time: 1:00pm

R.M. Shelar
Inspector's Signature

Carry Williams
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner