Inspection
□ _____
Annual □ _____
Follow-Up 7/2/10
(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: 35.47638 **W:** 77.41457

LICENSE #: 131
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town of Ayden Holding Facility
OWNER: Town of Ayden
ADDRESS: 4144 West Ave Ayden NC 28513
TELEPHONE: (252) 746 - 7014 Outdoor Facility
VMO Hunter
COUNTY Pitt

Number of Primary Enclosures 4 **Animals Present: Dogs** 0 **Cats** 1

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
- ☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
- ☒ 24. Description of Animals
- ☒ 25. Records/Vet Treatment
- ☒ 26. Origin/Disposition
- ☒ 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** □ **DISAPPROVED** Date: 9/1/10 Time: 10:30am

J. E. Bl[illegible]
Inspector's Signature

Gary Darden
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 #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town of Ayden
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	This is a new outdoor facility. On 7/2/10 I found some inadequacies that need addressing. Those inadequacies have been corrected.	
	Once the required paperwork is recieved the shelter can be licensed.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 9/1/10 Time: 10:30am

J. E. B[illegible]
Inspector's Signature

GM Darden
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner