Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(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: 35.62229 **W:** 77.32450

LICENSE #: 15
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: HUMANE SOCIETY OF EASTERN CAROLINA
OWNER: MGR. MS. CALLIE CLEMENTS
ADDRESS: MAIL. PO BOX 30527 GREENVILLE NC 27833-0527
TELEPHONE: (252) 413-7247 PHYSICAL 3520 TUPPER DR. GREENVILLE NC 27834
VMO HUNTER
COUNTY PITT

Number of Primary Enclosures 70+ **Animals Present: Dogs** 42 **Cats** 26

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
☒ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
☒ 26. Signature (boarding kennel)
☒ 27. Written permission from owner for commingling (doggie daycare)

Transportation
☒ 28. Care in Transit Discussed

Veterinary Care
☒ 28. Isolation Facility
☒ 29. No Signs of Illness/ Treated

☐ **APPROVED** ☒ **DISAPPROVED** Date: 2/29/08 Time: 12:00pm

J. E. [signature] J. Kilbrett [signature]
Inspector's Signature **Owner/Authorized Agent's Signature**

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

PAGE ____ OF _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 15
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Humane Society of Eastern Carolina
OWNER:
ADDRESS: P.O Box 30527 Greenville NC 27833
TELEPHONE: (252) 413-7147

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I Performed A random inspection Today.	
	There are Some issues That Need addressing.	
	#1 Need To Seal The cracks in The Concrete (Floors, Walls) outside runs.	
	#7 Need To Repair bottom of Cages between 3 and 4 outside	
	#18 Reccomend Fencing From Play Area gate To Quarantine gate.	
	#18 Need To install 6" of gravel in Playyard Front And Back.	
	Everything else looks good.	
	The above issues Need To be addressed Now. This is The 2nd inspection, and The above issues have not been Corrected.	
	I need A Time line as To when These issues will be addressed.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 2/29/08 Time: 12:05pm

J. E. B[illegible] J. K[illegible] [illegible]

Inspector's Signature Owner/Authorized Agent's Signature

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