Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 7-17-08
(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 X
OUTDOOR ☐
BOTH ☐

ENTERED 8-1-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.94452 **W:** 78.28870

LICENSE #: 81
TYPE FACILITY: Animal Shelter (Private/Public) X **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Sampson County Animal Shelter
OWNER: Sampson Co. Gov.
ADDRESS: 168 Agriculture Place, Clinton, NC 28328
TELEPHONE: (910) 592-8493
VMO Sholar
COUNTY Sampson

Number of Primary Enclosures 71 K-9 / 15 Fel. **Animals Present: Dogs** 18 **Cats** 12

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
X 6. Water Drainage

Primary Enclosures
X 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
X 20. Food Storage
X 21. Personnel
X 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
X 26. Origin/Disposition
☐ 27. Signature (boarding kennel) N/A
☐ 28. Written permission from owner for commingling (doggie daycare) N/A

Transportation
X 29. Care in Transit Discussed

Veterinary Care
☐ 30. Isolation Facility - Feline
X 31. No Signs of Illness/ Treated

☐ **APPROVED** X **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 7-31-08 Time: 2:45 pm

Patrn. Sholar
Inspector's Signature

Susan Holder
Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
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PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED 8-1-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 81
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Sampson Co A.S.
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from 7-17-08	
	Items that have been addressed:	
	1- All the cross contamination issues have been addressed.	
	2- Today there were no visible signs of illness in the dogs or cats.	
	3- Today there were no water drainage issues today - Cleaning protocal has been changed.	
	4- Today there were no odor issues anywhere.	
	5- The chain link has been installed in such a manner the feces clogging is not an issue and with cleaning protocal the feces is now scooped most of the time.	
	Items that need to be addressed:	
	30) Isolation for cats - Discussed using the shelter attendants office as an isolation room for the cats. Showerboard will be installed on the wall the cages are lined up on. A sink with hot and cold water will be available in that room.	
	Comments:	
	Dr. Beth Turner is now working with this shelter on their cleaning and disease protocal.	
	Temperature was 84° at 1:30 pm.	
	New disinfectants are being odered by Dr. Turner's supervision.	
	Conditionally Approved Contingent upon the cat isolation.	
	Re-Inspect in 30 days	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 7-31-08 Time: 2:45 pm MB

Pat M. Shelar / J. E. Blazin
Inspector's Signature

Susan J. Holder
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner