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 ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.39492 **W:** 78.13552

LICENSE #: 95
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Warren Co. Ark Shelter
OWNER: Warren Co. Government
ADDRESS: 142 Rafters Ln Warrenton NC 27589
TELEPHONE: (252) 257 - 6137
VMO Blomquist
COUNTY Warren

Number of Primary Enclosures 23-Dog, 29-puppy, 32-c **Animals Present: Dogs** 4 **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
- ☐ N/A 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
- ☐ N/A 26. Signature (boarding kennel)
- ☐ N/A 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: 8/16/07 Time: 10:15 am

J. E. Blair
Inspector's Signature

Gail L. Wells
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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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I Performed an inspection today. I was here to inquire about cats and dogs being given immunizations. I talked to Gail Wells the shelter manager. I asked Mrs. Wells if the shelter immunizes animals. Mrs. Wells advised that the shelter immunizes all puppies that come into shelter. Mrs. Wells advised that "CAPE" purchased the medicine and that the county did not purchase the medicines, the county was not aware of this practice. The county manager has advised Mrs. Wells to incooperate in the new SOP being developed that shelter employees will be able to administer immunizations to puppies. The county will not purchase the medicine, however the county had no objection if the medication is donated. The county does want this put in the SOP. I have attached a copy of a medication sheet administered to a puppy. Note: There was a question brought to my attention that back in (March 2007) about a puppy being transported to Dr. O'Malley by an animal control officer. The puppy had a bad case of mange. The puppy was euthanized. (I have attached a copy of the impoundment form.) Dr. O'Malleys has a contract to euthanize animals for Warren County. Mrs. Wells asked a question: It seems they had some puppies housed together that were playing and had got waste put on them. A volunteer came to the shelter and gave the puppies a bath. There was a portable pen put on concrete outside for them to dry. Once the puppies were dry they were placed back inside. The portable kennel was removed and the concrete was cleaned and sanitized. I advised Mrs. Wells, I had no concerns unless the puppies health were jeopardized.	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 8/16/07 Time: 11:00am

J. E. [illegible] — **Inspector's Signature**

Gail L. Wells — **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

Medical History Report

Animal

Printed:08/07/2007 10:14AM

Animal Details

A02885388	Mika Dog Male Juvenile	**Retriever, Labrador, Black, Large, 0** **0 y 1 m 19 d** , DOB: **6/18/2007**, Previously Altered: **No**, Currently Altered: **No** **Short Smooth Coat**, Declawed:**None** Bitten: **No Bite History**

Exam

ExamID: E02415360 **Exam Date: 8/6/2007 1:30:07 PM** **Entered By: gail** **Performed By: Gail Wells**

Weight: 0 **Body Temperature:** 0 **Medical Status:** **Temperament Condition:**

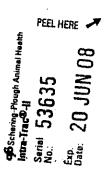
Condition	Review Date
Normal	

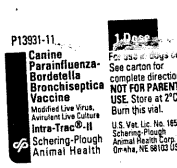
Vaccine

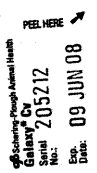
Vaccine	Manufacture	Lot Number	Expiration /Re-Vac Dates	Pet ID Number /Type	Route
DHLPP		212281B	1/24/2008 12:00:00 AM 08/27/2007 12:00AM		Subcutaneous

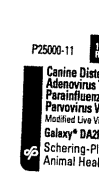
Medication

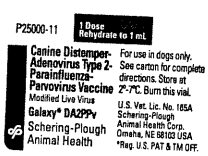
Medication	Dose	Frequency	Duration	Review Date	Route
Pyrantel Pamoate	1.50 cc	0	0 Days		Oral











3-38D

Breed	An #	Gender	Officer	Color	Date
mix		M	GW	white	3-21-07

Kennel Area Housed

P=Puppy
K=Kitten
L=Large
I=Isolation
FC=Feral Cat
plus number

Area Picked Up

Soul City

Adoptable Yes or No

Date Available ?

☑ Stray

☑ Ads.

Medical

Severe case of mange - Dr. O'Malley to make decision

?

Notes: