Type of Inspection
New ☐ _____
Annual ☐
Follow-Up 2-8-11
(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: 35.30099 **W:** 79.41843

LICENSE #: 9
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Moore Humane Society
OWNER:
ADDRESS: 5355 NC Hwy 22 Carthage, NC
TELEPHONE: (910) 947-2631
VMO Hunter
COUNTY Moore

Number of Primary Enclosures 63 **Animals Present: Dogs** 12 **Cats** 16

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. NA 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. NA Signature (boarding kennel)
☐ 28. NA 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: 4-20-11 Time: 12:10pm - 2:05pm

E. Sorner
Inspector's Signature

X Michele Peter
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 9
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Moore Humane Society
OWNER:
ADDRESS: (CONT)
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Previous inspection on 2-8-11 was disapproved for inadequacies in the following areas:	
	#4: Reseal all floors in Cat Rooms & K-9 walkways	
	#7: Reseal all rusted Kennel Gates	
	#13: Cinder block walls & Kennel floors within primary enclosures need to be resealed/repainted.	
	#18: Add gravel to all bare spots in playyard.	
	* 60 Days until follow-up inspection *	
	Today's Inspection	
	All areas have been addressed & adequate or are currently being addressed. I met with owner of Carolina Polishing who is currently doing the needed repairs to the facility. First half of Kennel area is not yet completed. Back half is being done w/ floors, kennels, walls & gates sandblasted & currently painting. Work looks good & set to be complete by May 18th 2011.	
	#18: Building & Grounds: pressure wash outside roof/ awning & sides of building where cob webs are forming.	

☒ APPROVED ☐ DISAPPROVED Date: 4-20-11 Time: 12:10pm-2:05pm

Inspector's Signature

X Michele Pet
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner