Type of Inspection
New ☐
Annual ☐
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐
Courtesy ☒
Random ☐

DA&CS, VETERINARY DIVISION
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR ☐
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.27318 **W:** 77.27643
QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: TOWN OF Rich Square **LICENSE #:** #118 8
OWNER: TOWN OF Rich Square
ADDRESS: 112 E Jackson ST Rich Square NC 27869
TELEPHONE: (252) 539-2315 **VMO** _____ **COUNTY** Northampton
TYPE FACILITY: Animal Shelter ☒ Boarding Kennel ☐ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 2 **Animals Present: Dogs** Ø **Cats** Ø

Inspector: Mark "X" in box, if adequate. Circle 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. Animals' Appearance

SPECIAL ITEMS
Records
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
N/A ☐ 26. Signature (boarding kennel)

Transportation
N/A ☐ 27. Care in Transit Discussed

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Pens located inside a Fenced Shelter. Dirt Floor Plastic bowls Chicken Wiring. Wood Pallet on back of Pen. Plywood on back side No lighting No Ambient Temperature Trash all around Pens. No dog. Louse. No Water in Pen Area. Food NOT in Containers. No isolation area. No euthanaiza is Performed. No Veterinary Care.	

☐ **APPROVED** ☐ **DISAPPROVED** Date: 10/13/06 Time: 11:30

Veterinarian: _____ Telephone: ( ) _____ - _____

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

Frances W Futrell
Owner/Authorized Agent's Signature

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner