

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

NCDA&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: 36.09311 W: -79.37991
 QBSP Number - - - - -

BUSINESS NAME: Burlington Police Dept LICENSE #: 23
 OWNER: CITY OF Burlington
 ADDRESS: 221 Stone Quarry Rd Burlington
 TELEPHONE: (336) 578-0343 VMO COUNTY Alamance
 TYPE FACILITY: Animal Shelter Boarding Kennel Dealer Pet Shop Public Auction
 Number of Primary Enclosures 52-Dog Pens Animals Present: Dogs 54 Cats 41
59-CAT Pens

Inspector: Mark "X" in box, if adequate. Circle item number, if inadequate. Use NA if not applicable

- | | | |
|--|---|--|
| <p>STRUCTURE
 <u>Housing Facilities</u>
 <input checked="" type="checkbox"/> 1. Structure & Repair
 <input checked="" type="checkbox"/> 2. Ventilation & Temp.
 <input checked="" type="checkbox"/> 3. Lighting
 <input type="checkbox"/> 4. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 5. Storage
 <input checked="" type="checkbox"/> 6. Water Drainage</p> <p><u>Primary Enclosures</u>
 <input checked="" type="checkbox"/> 7. Structure & Repair
 <input checked="" type="checkbox"/> 8. Space
 <input checked="" type="checkbox"/> 9. Ventilation & Temp.
 <input checked="" type="checkbox"/> 10. Adequate Shelter</p> | <p>SANITATION
 <input checked="" type="checkbox"/> 11. Waste Disposal
 <input checked="" type="checkbox"/> 12. Odor
 <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 14. Primary Enclosures
 <input checked="" type="checkbox"/> 15. Equipment & Supplies
 <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins
 <input checked="" type="checkbox"/> 17. Insect/Vermin Control
 <input checked="" type="checkbox"/> 18. Building & Grounds</p> <p>HUSBANDRY
 <input checked="" type="checkbox"/> 19. Adequate Feed/Water
 <input checked="" type="checkbox"/> 20. Food Storage
 <input checked="" type="checkbox"/> 21. Personnel
 <input checked="" type="checkbox"/> 22. Animals' Appearance</p> | <p>SPECIAL ITEMS
 <u>Records</u>
 <input checked="" type="checkbox"/> 23. Description of Animals
 <input checked="" type="checkbox"/> 24. Records/Vet Treatment
 <input checked="" type="checkbox"/> 25. Origin/Disposition
 <input checked="" type="checkbox"/> 26. Signature (boarding kennel)</p> <p><u>Transportation</u>
 <input checked="" type="checkbox"/> 27. Care in Transit Discussed</p> <p><u>Veterinary Care</u>
 <input checked="" type="checkbox"/> 28. Isolation Facility
 <input checked="" type="checkbox"/> 29. No Signs of Illness/
 Treated</p> |
|--|---|--|

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	<u>This Shelter is in good shape. New adoption center just built. There is an older section of the shelter and the only issues I observed were some kennel walls need painting. NOT all the kennel walls. Some cracks in the flooring. Cat pens are on wood foundations. Old cat cages in quarantine are rusty and need to be repaired or replaced.</u>	
	<u>The issues addressed above are in the process of repair starting today. The kennel walls that need painting will be addressed in 07/08 Budget.</u>	

APPROVED DISAPPROVED Date: 11/14/06 Time: 12:20pm
 Veterinarian: Dr. Beagle Telephone: (336) 228-7226
J.C. Beagle Inspector's Signature Jamee Penley Owner/Authorized Agent's Signature