

**NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431**

INDOOR	<input type="checkbox"/>
OUTDOOR	<input checked="" type="checkbox"/>
BOTH	<input type="checkbox"/>

Type of Inspection	
New	<input type="checkbox"/>
Annual	<input checked="" type="checkbox"/>
Follow-Up	<input type="checkbox"/>
(Prev. Inspection Date) _____	
Complaint	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>
Random	<input type="checkbox"/>

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.97334 W: 76.94550

LICENSE #: 80
 TYPE FACILITY: Animal Shelter (Private) **Public** Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Bertie Co Animal Shelter
 OWNER: Bertie Co Government
 ADDRESS: 219 County Landfill Rd Windsor NC
 TELEPHONE: (252) 794-5340
 VMO: Hawter
 COUNTY: Bertie

Number of Primary Enclosures 10 Animals Present: Dogs 23 Cats _____

**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. 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. Signature (boarding kennel)
 - 28. 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 CONDITIONALLY APPROVED DISAPPROVED Date: 10/10/09 Time: 12:50pm

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

[Signature]
 Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 80
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Bentley Co Animal Control
 OWNER: _____
 ADDRESS: _____
 TELEPHONE: (____) _____ - _____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	<i>This is an outdoor facility. There are a couple of issues that need addressing.</i>	
	<i>Make sure there is one dog house for every dog with-in the kennels.</i>	
<i>#17</i>	<i>Need to keep the fly problem to a minimum.</i>	
<i>#11</i>	<i>The county is in the process of installing a septic system.</i>	
	<i>The county contracts with Dr. Shelton to perform euthanasia.</i>	
	<i>The cat building was OK, just need to make sure that employees sweep under the kennel cages better.</i>	

APPROVED
 CONDITIONALLY APPROVED
 DISAPPROVED
 Date: 10/09 Time: 12:45pm

J. E. Ragan *William J. Smith*
 Inspector's Signature Owner/Authorized Agent's Signature

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