

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

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.97834 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: Hunter
 COUNTY: Bertie

Number of Primary Enclosures 13-Dog Animals Present: Dogs 20 Cats 60
15-Cats OUTDOOR FACILITY

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

- | STRUCTURE | SANITATION | SPECIAL ITEMS |
|--|--|---|
| <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 checked="" type="checkbox"/> 4. Ceiling, Wall, Floors
<input checked="" type="checkbox"/> 5. Storage
<input checked="" type="checkbox"/> 6. Water Drainage | <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 | <u>Records</u>
<input checked="" type="checkbox"/> 24. Description of Animals
<input checked="" type="checkbox"/> 25. Records/Vet Treatment
<input checked="" type="checkbox"/> 26. Origin/Disposition
<input checked="" type="checkbox"/> 27. Signature (boarding kennel)
<input type="checkbox"/> 28. Written permission from owner for commingling (doggie daycare) |
| <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 | <u>HUSBANDRY</u>
<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. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
<input checked="" type="checkbox"/> 23. Animals' Appearance | <u>Transportation</u>
<input checked="" type="checkbox"/> 29. Care in Transit Discussed |
| | | <u>Veterinary Care</u>
<input checked="" type="checkbox"/> 30. Isolation Facility
<input checked="" type="checkbox"/> 31. No Signs of Illness/Treated |

APPROVED CONDITIONALLY APPROVED DISAPPROVED
 Date: 7/10/08 Time: 1:00pm
 Inspector's Signature: J.E. D... Owner/Authorized Agent's Signature: Gay W. Jaella

