

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: W:

LICENSE #: 80
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Bertie CO Animal Shelter
 OWNER: Bertie CO Animal Control
 ADDRESS: 219 County Farm Rd Windsor NC
 TELEPHONE: (252) 794-5330
 VMO Hunter
 COUNTY Bertie

Number of Primary Enclosures 15 Animals Present: Dogs 10 Cats 20

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

- | | | |
|---|---|---|
| <p>STRUCTURE</p> <p><u>Housing Facilities</u></p> <ul style="list-style-type: none"> <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 <p><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <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>SANITATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 11. Waste Disposal <input type="checkbox"/> 12. Odor <input type="checkbox"/> 13. Ceiling, Wall, Floors <input type="checkbox"/> 14. Primary Enclosures <input type="checkbox"/> 15. Equipment & Supplies <input type="checkbox"/> 16. Washrooms, Sinks, Basins <input type="checkbox"/> 17. Insect/Vermin Control <input checked="" type="checkbox"/> 18. Building & Grounds <p><u>HUSBANDRY</u></p> <ul style="list-style-type: none"> <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 | <p>SPECIAL ITEMS</p> <p><u>Records</u></p> <ul style="list-style-type: none"> <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) <input checked="" type="checkbox"/> 27. Written permission from owner for commingling (doggie daycare) <p><u>Transportation</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. Care in Transit Discussed <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. Isolation Facility <input checked="" type="checkbox"/> 29. No Signs of Illness/Treated |
|---|---|---|

APPROVED DISAPPROVED Date: 7/26/10 Time: 1:30p

J. E. [Signature] Inspector's Signature [Signature] Owner/Authorized Agent's Signature

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