**ANIMAL WELFARE INSPECTION**

**GPS Coordinates - N:** 34° 61' 51.7"  **W:** 78° 60' 56.3"

**LICENSE #: 85**

**TYPE FACILITY:** Animal Shelter (Private)  **Boarding Kennel**  **Pet Shop**  **Public Auction**

**BUSINESS NAME:** Bladen County Animal Control

**OWNER:** Bladen Co. Gov.

**ADDRESS:** 506 Smith Cirke Dr, Elizabethtown, NC 28337, P.O. Box 189

**TELEPHONE:** (910) 862 - 6918

**VMO** Nuaff

**COUNTY** Bladen

Number of Primary Enclosures 58 I 50  **Animals Present:** Dogs 28  **Cats 3**

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
  - 3. Lighting
  - 4. Ceiling, Wall, Floors
  - 5. Storage
  - 6. Water Drainage

- Primary Enclosures
  - 7. Structure & Repair
  - 8. Space
  - 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

### 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)

### 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

### TRANSPORTATION

- 29. Care in Transit Discussed

### VETERINARY CARE

- 30. Isolation Facility
- 31. No Signs of Illness/Treated

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**APPROVED**

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Inspector’s Signature: [Signature]

**CONDITIONALLY APPROVED**

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**DISAPPROVED**

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Owner/Authorized Agent’s Signature: [Signature]

Date: 3/1/2011  Time: 12:45 pm

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AW-2  
Rev. 1/07

White= Office  
Canary= Inspector  
Pink= Owner

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And</th>
<th>Date Corrections</th>
<th>Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature was 62°F at 10:45am in the indoor Kennel area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cleaning was on going during this inspection. County Maintenance had cut the tabs on the flooring on the indoor left side. All the floors were being pressure washed and disinfected. Two inmates were algaeing and it appeared to be very time consuming. Flooring looks good after that procedure was complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>There were no signs of untreated illness or injury noted today.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# APPROVED ☑️ □ DISAPPROVED Date: 3/08/11 Time: 12:45 pm

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]