ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.23837 W: -78.00891
QBSP Number - _______ _______ _______ _______

BUSINESS NAME: Leland Police Dept Animal Control LICENSE #: [Signature]
OWNER: Town of Leland
ADDRESS: 103 Town Hall Blvd Leland, NC 28451
TELEPHONE: (910) 371-1100 COUNTY: Brunswick
TYPE FACILITY: Animal Shelter X Boarding Kennel □ Dealer □ Pet Shop □ Public Auction □
Number of Primary Enclosures 4 Animals Present: Dogs □ Cats □

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

STRUCTURE
Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
X 7. Structure & Repair
X 8. Space
X 10. Adequate Shelter

SANITATION
X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY
X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
X 22. Animals’ Appearance

SPECIAL ITEMS
Records
X 23. Description of Animals
X 24. Records/Vet Treatment
X 25. Origin/Disposition
X 26. Signature (boarding kennel)
Transportation
X 27. Care in Transit Discussed

Veterinary Care
X 28. Isolation Facility
X 29. No Signs of Illness/Treated

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
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7 | Male had to be run over housing | 11/6/06
8 | Poor hygiene - lack of water | 11/6/06
9 | Poor ventilation | 11/6/06
10 | Poor shelter | 11/6/06

TIP: Performance of a courtesy inspection per 10/24/00. Animals and their needs were properly addressed.

APPROVED □ DISAPPROVED Date: 11/6/06 Time: 11:20 AM

Veterinarian: Dr. Benchmark Telephone: (910) 371-3440

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]