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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 33° 9' 33.8" W: 78° 07' 35"

LICENSE #: 49
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Oak Island Animal Shelter
OWNER: Town of Oak Island
ADDRESS: 4400 East Oak Island, Oak Island, NC 28465
TELEPHONE: (910) 278-5011
VMO Sholder
COUNTY Brunswick

Number of Primary Enclosures 7 x 5
Animals Present: Dogs 1 □ Cats 0

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 x
2. Ventilation & Temp. □
3. Lighting □
4. Ceiling, Wall, Floors □
5. Storage □
6. Water Drainage □

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

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
23. Description of Animals □
24. Records/Vet Treatment □
25. Origin-Disposition □
26. Signature (boarding kennel) □
27. 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 □

APPROVED □ DISAPPROVED x

Inspector’s Signature: [signature]
Date: 1-7-08
Time: 2:00 pm

Owner/Authorized Agent’s Signature: [signature]

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 49
**TYPE FACILITY:** Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
**BUSINESS NAME:** Oak Island Animal Shelter

**OWNER:**

**ADDRESS:** Cont.

**TELEPHONE:**

---

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Since 6-4-07 a 'Morton Type' building has been added to house cats and small dogs or puppies in cold weather. Heat and Ac are available with a thermometer to monitor temperature. Floor is laminate instead. Walls are particleboard - okay as long as crates are not touching walls and sanitation does not become a problem - Very Good! Terps have been used for wind break and shade cloth was added for Summer - Cross contamination barriers have been installed and works well - Gravel has been added to 6&quot; depth - Dirt area has been sodded and has grass growing - Back line kennels - wood posts are covered in Pre material, Sheds gate hinges have been replaced, metal has been replaced but is rusting - Pointing w/rustoleum paint would help but realize this is on the coast. Records are in order, Food stored properly, Personnel very helpful and show much concern.</td>
<td></td>
</tr>
</tbody>
</table>

**Great Job!**

---

**APPROVED □ DISAPPROVED**

**Date:** 1-7-08 **Time:** 2:00pm

**Inspector’s Signature:** Pat M. Shilen

**Owner/Authorized Agent’s Signature:** Kangel

**Approved by:**

**White=Office**

**Canary=Inspector**

**Owner=Owner**

PAGE 2 OF 2

---

**Rev. 1/07**