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

Type of Inspection
New X
Annual
Follow-Up
(Prev. Inspection Date)
Complaint □
Courtesy □
Random □

DATE OF INSPECTION
01/14/11

FOLLOW-UP (Prev. Inspection Date)

Type of Inspection: New

Follow-Up
(Prev. Inspection Date)
Complaint □
Courtesy □
Random □

LICENSING #:

LICENSE #: 69

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 33.93380 W: 78.07735

License #: 69

Type Facility: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □

Business Name: Town of Oak Island

Owner: Town of Oak Island

Address: 4601 East Oak Island Dr, Oak Island, NC 28465 (4110 Airport Rd)

Telephone: (910) 278-5011

VMO Hunter

COUNTY Brunswick

Number of Primary Enclosures 3

Animals Present: Dogs 0 Cats 1

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 ✓
2. Ventilation & Temp. □
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
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

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

SPECIAL ITEMS

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
24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. Written permission from owner for commingling (doggie daycare)

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)

TRANSPORTATION

29. Care in Transit Discussed

VETERINARY CARE

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

APPROVED X
CONDITIONALLY APPROVED □ DISAPPROVED □

Date: 01/14/11 Time: 1:00 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE / OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: C9

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

BUSINESS NAME: Town of Oak Island

OWNER:

ADDRESS: 

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>Item To Address</td>
<td>Replace shingles on roof where tree damaged the outside edge of roof.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Only 1 cat is being housed today.
Facility is clean and in good repair other than smell and on roof.
Cat's storage building have been re-pointed.

Approved □ Conditionally Approved □ Disapproved □

Inspector's Signature: 

Owner/Authorized Agent's Signature: 

Date: 2/4/11 Time: 10:00 a.m.

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

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