ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.02999 W: 78.28113

LICENSE #: 15
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Brunswick Co. Animal Services
OWNER: Brunswick Co. Gov.
ADDRESS: P.O. Box 93, 429 Green Swamp Rd., Supply, NC 28462
TELEPHONE: (910) 784-8204
VMO Shelter
COUNTY Brunswick

Number of Primary Enclosures 160 Animals Present: Dogs 53 Cats 51

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 □

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 □

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED □

Date: 11/15/10 Time: 12:00 pm

Inspector's Signature

Owner/Authorized Agent's Signature

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

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

**LICENSE #:** 1S  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BOARDING KENNEL □**  
**PET SHOP □**  
**PUBLIC AUCTION □**  
**BUSINESS NAME:** Brunswick Co. Animal Services  
**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>Comments:</td>
<td>The outdoor holding pens have had work done on the chain link to continue to keep them safe and secure. The gauge of the wire is light and the director knows it is going to continue to have to be repaired as needed until funds are available to construct another set of holding pens. The director stated they do have plans to remove these &quot;temporary&quot; kennels that are used to hold dogs in for 4 hours before entering the shelter. These kennel hold dogs that are given &quot;tire&quot; (distemper/parvo) shots before they enter the general population. New cat enclosures have been ordered. Painting has begun in the shelter. New hose reel has been replaced. Director is working on getting one ACO certified as a Rabies vaccinator. Director plans to start re-painting the kennel area next week. This will be done in sections - rotating days out of those areas. There is now access on both sides of the building to hook up the high pressure washer (hot water).</td>
<td></td>
</tr>
<tr>
<td>Item No Address:</td>
<td>7) A tall chain link pen outside used for holding either needs a wire top or height extended to 5 feet. Director agreed not to use this pen until it meets AW standards.</td>
<td></td>
</tr>
<tr>
<td>Temperatures were in range in all areas and no visible signs of illness was noted.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**  

**Inspector’s Signature:**  

**Date:** 1/15/10  
**Time:** 9:20 PM  

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

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