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: 33.53149  W: 78.09649

LICENSE #: 78
TYPE FACILITY: Animal Shelter [ ] Boarding Kennel [x] Pet Shop [ ] Public Auction [ ]
BUSINESS NAME: SOAR - Southport Oak Island Animal Rescue
OWNER: Jeannine Bicknell
ADDRESS: 3376 St. Charles Place, Southport, NC 28461
TELEPHONE: (910) 957 - 6340
VMO Shelter
COUNTY Brunswick

Number of Primary Enclosures 28
Animals Present: Dogs 12
Cats 27

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] Office Big.
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
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 [x]

TRANSPORTATION
29. Care in Transit Discussed

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

APPROVED [ ] CONDITIONALLY APPROVED [x] DISAPPROVED [ ]

Inspector’s Signature

Date: 2/8/10 Time: 12:30 p.m.

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 3
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 78
TYPE FACILITY: Animal Shelter (Private Public) Y Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: SOAR □
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>
</table>

- Items addressed since last inspection:
  1. Outdoor Exercise Yard: It appears no holes and evidence is seen that shelter has worked hard to keep good grass in the exercise yard.
  2. New building for puppies: The damaged window moldings have been removed but not replaced. Under new management, this building is being used for food and bedding storage. The manager stated plans are to install non-wood moldings but they do not have plans to house any dogs-puppies in this building.

Comments:
A 20x30 cat adoption room has been added as well as a 10x30 room for storing food, feed and water bowls and an area for cleaning feed and water bowls. The old office area is being remodeled into an isolation room for cats. Discussed keeping isolation behind the glass door and having a separate heat and air source. A good isolation quarantine area keeps access limited to prevent the spread of any illness. Feet baths and hand sanitizing was discussed.

- The shelter plans to reduce the number of cat cages and allow more cats in a cage-free environment. Reminded manager there can be no more than 12 cats per room. Suggested dividing the rooms. Manager is aware all surfaces that are new must be non-wood.
- The office has been moved to the medical treatment house. Manager understands the cats housed in this building must follow the same rules which means surfaces must be washable and sanitizable and damaged wood must be replaced with non-wood material.

- Items to Address:
  1. Office med. treatment building: Torn linoleum needs to be replaced and keep all areas wall painted or replaced with non-wood.
  2. Fly house has areas of damaged linoleum - shelter plans to replace this with laminate flooring.

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☒ DISAPPROVED  

Date: 12/10  Time: 3:30 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 2 OF 3
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 78
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: SOAR
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>20) Food Storage - All open bags of dry food or treats must be kept in a closed container - open bag of food in cat adoption room. Bags of dry food must be stored off the floor. New room will have shelves for food storage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25) Records - Vet. Treatment - Need to start recording vet. care treatments including a description of medication with the name and dosage and initial of person administering the product or procedure.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is noted the new additions are not completed and are not reflected on this report although discussed items are documented.

Manager stated that overall painting is scheduled.

Re-Inspected in 60 calendar days (3/09/10)

☐ APPROVED ☐ CONDITIONALLY APPROVED ☑ DISAPPROVED Date: 3/08/10 Time: 12:30 PM

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

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

PAGE 3 OF 3