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: 34°02'99" W: 78°28'11"

LICENSE #: 15
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Brunswick County Animal Shelter
OWNER: Brunswick Co. Gov.
ADDRESS: P.O. Box 92, 429 Green Swamp Rd., Supply, NC, 28462
TELEPHONE: (910) 754-8204
VMO: Sholar
COUNTY: Brunswick

Number of Primary Enclosures 160 Animals Present: Dogs 50 Cats 34

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

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 ☑

Records

24. Description of Animals ☑
25. Records/Vet 1 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 ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 10-10-03 Time: 2:15pm

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

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 15
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Brunswick Co. Animal Shelter
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>Shelter is clean. Temperature in K-9 Kennel area is 74° at 1:30pm. All lights are in working order. Medical log is being kept according to AW requirements. A bite pup in #713 was lethargic with bloody diarrhea. Veterinary consultation was obtained. Staff is feeding special food and working to make it as comfortable as possible as well as on antibiotics. Continue to monitor floors for cracks and keep them sealed.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED  Date: 7-8-08  Time: 2:15 P.M.

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
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