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°23'37" W: 78°00'89"1"

LICENSE #: 17
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Leland Police Dept. Animal Control
OWNER: Town of Leland
ADDRESS: 102 Town Hall Dr., Leland, NC 28451
TELEPHONE: (910) 371 - 1100
VMO: Sholar
COUNTY: Brunswick

Number of Primary Enclosures 4 Animals Present: Dogs ☐ Cats ☑

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

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Inspector’s Signature

Date: 10-8-08
Time: 9:15AM

Owner/Authorized Agent’s Signature

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

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

**LICENSE #:** 17  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BOARDING KENNEL**  
**PET SHOP**  
**PUBLIC AUCTION**  
**BUSINESS NAME:**  
**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>

Facility is clean, records are in order.

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**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**  
**Date:** 10-8-08  
**Time:** 9:15A

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**Inspector's Signature:** [Signature]  
**Owner/Authorized Agent's Signature:** [Signature]  

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**White= Office**  
**Canary= Inspector**  
**Pink= Owner**  

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**PAGE 2 OF 2**