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: 33.8342 W: 78.5138

LICENSE #: 110
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town of Sunset Beach
OWNER: Town of Sunset Beach
ADDRESS: 600 Pine View Dr, Sunset Beach, NC 28468
TELEPHONE: (910)579 - 6597
VMO Sholar
COUNTY Brunswick

Number of Primary Enclosures □ 2 Animals Present: Dogs □ 0 Cats □ 0

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

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 10-8-08 Time: 1:15 PM

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

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### ANIMAL WELFARE INSPECTION CONTINUATION PAGE

**LICENSE #: 110**

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

**BUSINESS NAME:**  
Town of Sunset Beach  

**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>6), 7)</td>
<td>Terr on left pen is full of water - needs to be drained and fished so it does not collect rain water.</td>
<td></td>
</tr>
<tr>
<td>11), 14)</td>
<td>Both pens have not been kept clean. They contain old, dried feces and old, molded food in pens. Pens and feed/water pens must be kept cleaned, sanitized and ready for use.</td>
<td></td>
</tr>
<tr>
<td>24), 25), 26)</td>
<td>Records will be available on next inspection.</td>
<td></td>
</tr>
</tbody>
</table>

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**Re-Inspect in 30 days**

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□ APPROVED  □ CONDITIONALLY APPROVED  ✗ DISAPPROVED  

**Inspector’s Signature:**  

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

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**AW-2**  
Rev. 1/07  
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