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: 33.93380  W: 78.07735

LICENSE #: [insert license number]  
TYPE FACILITY: Animal Shelter (Private/Public) [ ]  
Boarding Kennel [ ]  
Pet Shop [ ]  
Public Auction [ ]

BUSINESS NAME: Town of Oak Island  
OWNER: Town of Oak Island  
ADDRESS: 4681 East Oak Island Dr., Oak Island, NC 28465  
TELEPHONE: (910) 278-5011  
Physical address: 4110 Airport Rd.

COUNTY: Brunswick  

Number of Primary Enclosures: 3  
Animals Present: Dogs: 0  
Cats: 3

Inspection: 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 [ ]  
9. Ventilation & Temp. [ ]  
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 [ ]

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 [ ]

24. Description of Animals [ ]
25. Records/Vet 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 [ ]

Date: 3-23-09  
Time: 12:00pm

APPROVED [ ]  
CONDITIONALLY APPROVED [ ]  
DISAPPROVED [ ]

Inspector’s Signature: [sign]

Owner/Authorized Agent’s Signature: [sign]

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

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

**LICENSE #:** 697

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

**BUSINESS NAME:** Town of Oak Island

**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>

**Comments:**
Temperature is 72° inside Aot building. There are no dogs being housed today. All enclosures are in good repair and clean. Discussed replacing chewed food bowls. ACOS stated new bowls are on order.

**APPROVED** ☑ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** ☐

**Inspector’s Signature:**

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

**Date:** 3-23-09  **Time:** 2:00 PM

**AW-2**

**Rev. 1/07**

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