ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34°53'43" W: 78°17'18"

LICENSE #: 12
TYPE FACILITY: Animal Shelter (Private/Public) / Boarding Kennel / Pet Shop / Public Auction
BUSINESS NAME: Columbus Co. AS
OWNER: Columbus Co. Gov
ADDRESS: 28 Lawson Dr., Whiteville, NC 28472
TELEPHONE: (910) 241-5845

VMO Hunter
COUNTY Columbus

Number of Primary Enclosures 45 Animals Present: Dogs 41 Cats 20

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 ☑ DISAPPROVED ☐

Date: 6/01/11 Time: 2:00 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

<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>15)</td>
<td>Chest Freezer - Freezer needs to be defrosted and cleaned - used for authorized animals.</td>
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<tr>
<td></td>
<td>Cat Room - Food pens stored on the drain area were dirty - make sure all stored food pens are clean.</td>
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</tbody>
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**Comments:**

All dogs and cats were viewed today. There were no visible signs of illness or injury noted.

Shelter Attendant Robin Mercer provided a necropsy report on 3/17/11 for a Beagle that was showing signs of Parvo. The report stated no evidence of Distemper. The diagnosis was small intestine enteritis. There were no signs of Distemper or Parvo in the dogs on today's inspection.

Infectious Disease information was left with Robin Mercer.

**Insect Control** was discussed with Robin Mercer as Rossie Hester was not on duty today.

As part of general maintenance and insect control it was noted that the vent system in the shelter is cleaned every 30 days. The last cleaning was 5/13/11. This refers to changing air filters also.

Veterinary Care has been noted in the records examination today.

A "Waiver of Liability" form is used for CCAS volunteers. Since Rossie Hester was not on duty today those records could not be accessed.

**APPROVED**

**DISAPPROVED**

Date: **6/13/11**  Time: **2:00 PM**

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Rev. 1/07

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]
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<td></td>
<td>It was noted today that the origin/disposition records are much improved.</td>
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<td></td>
<td>There were no animals to be euthanized today.</td>
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<td>Cleaning was on going during today's inspection as there was only 1 employee on site today.</td>
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<td>Transportation standards were discussed as was the state requirement that animals traveling out of state must have a health certificate.</td>
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<tr>
<td>Item 15</td>
<td>- Address by 7/01/11.</td>
<td></td>
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**APPROVED** ☑ **DISAPPROVED** ☐

Date: 6/01/11 Time: 5:00 pm

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]