ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.06379 W: 77.03187

LICENSE #: 109
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Colonial Capital Humane Society
OWNER: Lisa Lee - Mgr.
ADDRESS: P.O. Box 326 1860 Old Airport Rd., New Bern, NC 28560
TELEPHONE: 852-633-0146
VMO Hunter
COUNTY Craven

Number of Primary Enclosures # 7 Animals Present: Dogs □ Cats 59

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>SANITATION</th>
<th>SPECIAL ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Facilities</td>
<td></td>
<td>Records</td>
</tr>
<tr>
<td>1. Structure &amp; Repair</td>
<td></td>
<td>24. Description of Animals</td>
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<tr>
<td>2. Ventilation &amp; Temp.</td>
<td></td>
<td>25. Records/Vet Treatment</td>
</tr>
<tr>
<td>4. Ceiling, Wall, Floors</td>
<td></td>
<td>27. Signature (boarding kennel)</td>
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<tr>
<td>5. Storage</td>
<td></td>
<td>28. Written permission from</td>
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<tr>
<td>6. Water Drainage</td>
<td></td>
<td>owner for commingling</td>
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<td></td>
<td></td>
<td>(doggie daycare)</td>
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<tr>
<td>Primary Enclosures</td>
<td></td>
<td>HUSBANDRY</td>
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<tr>
<td>7. Structure &amp; Repair</td>
<td>19. Adequate Feed/Water</td>
<td></td>
</tr>
<tr>
<td>8. Space</td>
<td>20. Food Storage</td>
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<tr>
<td>10. Adequate Shelter</td>
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<td></td>
<td>22. Ratio of 1:10 personnel to</td>
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<td></td>
<td>animals if &gt;4 in primary</td>
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<tr>
<td></td>
<td>enclosure or common area</td>
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<td></td>
<td>23. Animals' Appearance</td>
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</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431
LICENSE #: 109
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Colonial Capitol Humane Society
OWNER: ____________________________
ADDRESS: ____________________________
PHONE: ____________________________

Item Number    Explanation of Inadequacy (circled items above) And Recommendation For Compliance    Date Corrections Must Be Completed

Follow up from 9/14/18

Items Addressed:
1. Cat room on right - the damaged PVC moldings have now been covered with FRP board.
2. Electrical plugs with the cats reach are now plugged.
3. There are now 110 missing number of 1. the pens for the # of cats.
4. The carpet covered cat areas have been removed as well as the wire basket. All items are now all material that is scrubable and sanitizable.
5. Medical log - Signature now included.

Comments:

Today the shelter is housing 59 cats. There were 69 on the 9/11/20 inspection.
Remember to sand-raise smooth and seal any areas that become scratched.
There were no signs of illness or injury noted today.
The shelter is in the process of adding an outdoor exercise area for the cats that will be attached to the back of the trailer. There will be indoor/outdoor doors.

Approved □ Disapproved Date: 12/09/10 Time: 7:00 pm

Inspector’s Signature: ____________________________ Owner/Authorized Agent’s Signature: ____________________________

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