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: 35.06379 W: 77.03187

LICENSE #: 109
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Colonial Capital Animal Society
OWNER: Manager - Lisa Lee
ADDRESS: P.O. Box 326, 1860 Old Airport Rd., New Bern, NC 28563
TELEPHONE: (252) 638-0744
VMO Sheler
COUNTY Craven

Number of Primary Enclosures 4 Animals Present: Dogs 55 Cats 33

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
NA

Transportation
□ 29. Care in Transit Discussed

Veterinary Care
□ 30. Isolation Facility
□ 31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 11/19/09
Time: 9:30 AM

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**

**LICENSE #:** 109  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**Boarding Kennel**  
**Pet Shop**  
**Public Auction**  

**BUSINESS NAME:** Colonial Capital Humane Society  
**OWNER:**  
**ADDRESS:**  
**TELEPHONE:**  

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<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>Follow-up inspection from 11/9/09</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Items Addressed:**

1. Isol. Rm. - Inside of outside door has been covered w/ non-wood material  
2. Carpet & wood at doors are gone.  
3. All dogs have Rabies vac. proof and are housed in a clean area.  
4. Dog pens have been moved to a good grassed clean area.  
5. All records are on site today for inspection. Records are compliant today.  
6. Other inside door frame has been covered in non-wood material.  

**Item 1 to address:**

1. Isol. Rm. - Door frame - Inside door frame could not be covered w/ non-wood material or the door would not close. Advised manager to use epoxy paint and keep that area painted.

**Comments:**

The isol. Rm. (and other rooms) with lighted viewing shades - discussed the sanitation of these. Advised they could be used as long they were washed and kept in good repair.  

Temperatures were in range over the entire building. The homeless person's corner in area has been cleaned up and the general appearance has improved.  

ECHO plans to adopt the close through Petco.  

Shelter is clean and odor free at the time of inspection today.

**Item 1) should be addressed right away to maintain sanitation.**

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**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**

**Date:** 11/09  
**Time:** 9:30 AM

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

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**AW-2**  
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