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: 34° 8' 7" 47'  W: 76° 9' 0" 47"

LICENSE #: 91
TYPE FACILITY: Animal Shelter (Private) ☑  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Havelock Animal Services
OWNER: Town of Havelock
ADDRESS: 27 Governor St Ave Havelock NC 28532
TELEPHONE: (252) 444-4410
VMO Hunter
COUNTY Craven

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

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

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

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)

TRANSPORTATION
☐ 29. Care in Transit Discussed

VETERINARY CARE
☐ 30. Isolation Facility
☐ 31. No Signs of Illness/ Treated

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 7/16/08 Time: 10:00am

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
#1 I observed refuse #1, #2, #3 near drain. The standing water is a sanitation issue for the unshaven animals. This needs to be corrected ASAP.

The standing water is not from the cleaning, the drain does not drain correctly.

<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>

APPROVED  □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

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