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: 34.95573 W: 78.89005

LICENSE #: 14

TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Cumberland County Animal Shelter
OWNER: Cumberland Co. Government
ADDRESS: 4704 Corporation Dr., P.O. Box 1829, Fayetteville, NC 28302-1829
TELEPHONE: (910) 321-6852

COUNTY: Cumberland

Number of Primary Enclosures: 200 Total Animals Present: Dogs 250 Cats 250

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

STRUCTURE

Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
X 7. Structure & Repair
X 8. Space
X 10. Adequate Shelter

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

SPECIAL ITEMS

Records
X 23. Description of Animals
X 24. Records/Vet Treatment
X 25. Origin/Disposition
□ 26. Signature (boarding kennel)
□ 27. Written permission from owner for commingling (doggie daycare)

HUSBANDRY

X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
□ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area

X 23. Animals’ Appearance

APPROVED □ DISAPPROVED
Date: 11-26-07 Time: 11:00 AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
<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></td>
<td>Follow-up from 10-8-07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inadequacies that have been addressed:</td>
<td></td>
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<tr>
<td></td>
<td>1. Resting surfaces are now available.</td>
<td></td>
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<tr>
<td></td>
<td>2. Disposable litter traps are being used - today shelter ran out of disposable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>traps so they are using stainless large food bowls.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Medical records are being kept.</td>
<td></td>
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<td></td>
<td>4. Odors are not as noticeable today - shelter has had problems with ventilation system.</td>
<td></td>
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<tr>
<td></td>
<td>5. No signs of more today - shelter is using a stronger alcohol solution to help contain &amp; prevent the virus.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussed using the food and cages - stainless - okay if litter pen &amp; resting surface is available.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shelter needs more personnel to take care of the added number of animals that new facility can house.</td>
<td></td>
</tr>
</tbody>
</table>

**Approved**

Date: 11-26-07  Time: 11:00 AM

Inspector's Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]