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: 35.07648 W: 78.93342

LICENSE #: 27
TYPE FACILITY: Animal Shelter □ Private/Public ○ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: SPCA of Cumberland Co.
OWNER: McNeil Haar
ADDRESS: 3232 Bragg Blvd, Fayetteville, NC 28303-3957
TELEPHONE: (910) 867-4135
VMO: Hunter
COUNTY: Cumberland

Number of Primary Enclosures: 67
Animals Present: Dogs □ 2 Cats □ 35

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
19. Description of Animals □
20. Records/Vet Treatment □
21. Origin/Disposition □
22. Signature (boarding kennel) □
23. 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 CONDITIONALLY APPROVED □ DISAPPROVED

Date: 6/7/10 Time: 1:30 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

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**BUSINESS NAME:** SPCA of Cumberland Co.

**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></td>
<td>7) Exercise yard - Owner still needs to work on setting grass to grow in the exercise yard. Some areas have improved, but there are still some bare areas. No signs of any illness noted today. The numbers have reduced by 4 cats and 3 dogs. Owner stated she is not accepting any more cats or dogs. Owner is planning to keep reducing her numbers.</td>
<td></td>
</tr>
</tbody>
</table>

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**APPROVED** ☑ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** ☐

**Date:** 6/16/10 **Time:** 1:30 pm

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

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**AW-2**

**Rev. 1/07**

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