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°55'57.3" W: 78°89'00.5"

LICENSE #: 14
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Cumberland Co. Animal Control
OWNER: Cumberland Co. Gov
ADDRESS: 4704 Cooperation Dr, P.O. Box 1829, Fay., NC 28307-1829
TELEPHONE: (919) 321-6852
VMO Shelor
COUNTY Cumberland

Number of Primary Enclosures ≥200 Fc
Animals Present: Dogs 87, Cats 46

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

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

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

Transportation
☑ 29. Care in Transit Discussed

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

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 09/28/09 Time: 12:00 pm

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 #:** 14  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**Boarding Kennel**  
**Pet Shop**  
**Public Auction**  
**BUSINESS NAME:** Cumberland Co. A.C.  
**OWNER:**  
**ADDRESS:** Cont.  
**TELEPHONE:** (____) ______

<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>7)</td>
<td>There were 11 Kennels with dogs without resting platforms. All dogs must be provided a resting surface unless it is dangerous to its health as in eating the material. 02 NCAC 525.0204</td>
<td></td>
</tr>
</tbody>
</table>
| 31)         | #444 Deg - Golden Ret. in isolation - brought in as a stray on 8-24-09 was down - had a lesion on the right back leg - had a TIS on 9-28-09  
#543 Deg. German Shprder has a noticeable limp on the right front - Dogs and cats with injuries or illness need to receive vet. care - 02 NCAC 525.0204 | |
| 14)         | Nosing runs when occupied is not allowed - 02 NCAC 525.0207 | |
| 8)          | Records - A cat cage was occupied without any identification. All enclosures that are occupied need to be identified. | |

There needs to be a means to determine the ambient temperature in all rooms having dogs or cats.

Truck dog boxes were inspected today.

Re-Inspect in 14 days.

- [ ] APPROVED  - [ ] CONDITIONALLY APPROVED  - [x] DISAPPROVED  

**Date:** 8/8/09  
**Time:** 12:00pm

**Inspector's Signature:** Palma Shaka  
**Owner/Authorized Agent's Signature:** David Scott Harris

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