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°07'648" W: 78°7'342"

LICENSE #: 27
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: SPCA of Cumberland County
OWNER: Martha Haar
ADDRESS: 3230 Brass Blvd, Fayetteville, NC 28308
TELEPHONE: (910) 860-1177
VMO Shoolar
COUNTY Cumberland

Number of Primary Enclosures 67 Animals Present: Dogs 6 Cats 42

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

PRIMARY 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/Post 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: 7-22-08 Time: 2:15 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**

**LICENSE #: 27**

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

**BUSINESS NAME:** Spot of Cumberland County

**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>2)</td>
<td>Resting Boards in cat cages - All damaged Formica covering must be replaced - discussed changing boards to a plywood material.</td>
<td></td>
</tr>
<tr>
<td>25)</td>
<td>20 cats have expired Rabies shots. Owner has an appointment with Dr. Garrett on 9-29-08 to update these vaccines.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Outdoor exercise yards - owner has maintained good grass in the large yard and is continuing to work on the small yard - suggested sowing winter rye grass to maintain a good grassed yard in the winter months.

There was no visible signs of illness noted today. Owner was working alone today and daily cleaning not completed at inspection but there were no Kennel odors - shows regular cleaning is performed.

Conditionally Approved contingent upon addressing the above items.

Re-Inspect in 30 days.

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☐ APPROVED  ☑ CONDITIONALLY APPROVED  ☐ DISAPPROVED  

**Date**: 9/24/08  **Time**: 2:14 PM

**Inspector’s Signature**: [Signature]

**Owner/Authorized Agent’s Signature**: [Signature]

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**AW-2**

Rev. 1/07  White: Office  Canary: Inspector  Pink: Owner

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