

**Type of Inspection**  
 New  \_\_\_\_\_  
 Annual  \_\_\_\_\_  
 Follow-Up  \_\_\_\_\_  
 (Prev. Inspection Date)  
 Complaint  \_\_\_\_\_  
 Courtesy  \_\_\_\_\_  
 Random  \_\_\_\_\_

NCDA&CS, VETERINARY DIVISION  
 ANIMAL WELFARE SECTION  
 1030 MAIL SERVICE CENTER,  
 RALEIGH, NC 27699-1030  
 PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR   
 OUTDOOR   
 BOTH



**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N: 35.92639 W: 77.55638

LICENSE #: 86  
 TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction   
 BUSINESS NAME: Edgecombe Co. Animal Shelter  
 OWNER: Edgecombe Co.  
 ADDRESS: 2904 N. MAIN ST TAYLOR NC  
 TELEPHONE: (252) 641-7520  
 VMO: Edgecombe Humane  
 COUNTY: Edgecombe

Number of Primary Enclosures 20-Dog Animals Present: Dogs 9 Cats 3  
3-CAT

**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  
 9. Ventilation & Temp.  
 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)

- Transportation**  
 29. Care in Transit Discussed

- Veterinary Care**  
 30. Isolation Facility  
 31. No Signs of Illness/Treated

APPROVED     CONDITIONALLY APPROVED     DISAPPROVED    Date: 1/15/08 Time: 2:24

J. E. Blomquist  
 Inspector's Signature

Emerene Taylor  
 Owner/Authorized Agent's Signature

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

LICENSE #: 86  
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 BUSINESS NAME: Edgecombe Co. Animal Shelter  
 OWNER: Edgecombe Co. Government  
 ADDRESS: 2909 N. MAIN ST Tarboro NC  
 TELEPHONE: (252) 641-7520

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I Performed A random inspection Today.	
	There are a couple issues that need to be addressed.	
#4 #7	- MAKE SURE ALL SMALL CRACKS IN THE KENNEL AREAS ARE SEALED. THIS INCLUDES CRACKS INSIDE THE KENNELS AND CRACKS ON THE OUTSIDE OF THE KENNELS.	
#23	ON MY INSPECTION OF WALKING THE KENNEL AREA, I OBSERVED A P.I.T BULL DOG WITH ABRASIONS AROUND IT'S HEAD. IT SEEMS THE DOG WAS ATTACKED BY ANOTHER DOG. THE SHELTER VOLUNTEER ADVISED THE DOG IS BLEEDED AND THE OWNER IS PICKING UP THE DOG FRIDAY, TO TRANSPORT TO THE OWNER'S VETERINARIAN IN ROCKY MOUNT.	
	I WOULD RECOMMEND IN CASES WHERE ANIMALS ARE INJURED OR SICK THAT THE ANIMAL BE SEEN BY A VETERINARIAN, RIGHT AWAY AND FOLLOW THE VETERINARIAN RECOMMENDATIONS.	
	THE INJURIES ON THIS DOG DO NOT LOOK SEVERE, HOWEVER THE DOG'S HEAD LOOKED TO BE SWOLLEN AND HAD NUMEROUS CUTS. (DOG TO BE TRANSPORTED TO VETERINARIAN TODAY)	
#	Need Heater installed	
	ON 1/15/08 MR. TAYLOR CONTACTED ME TO ADVISE THE DOG WITH THE ABRASIONS WILL BE TRANSPORTED TO THE VET ON THE MORNING OF JAN 16TH.	

APPROVED       CONDITIONALLY APPROVED       DISAPPROVED      Date: 1/15/08 Time: 9:45am

J.E. Florig      Empire Taylor  
 Inspector's Signature      Owner/Authorized Agent's Signature