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° 9' 16.7" W: 77° 51' 6.4"

LICENSE #: 271
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town of Tarboro Animal Shelter
OWNER: Town of Tarboro
ADDRESS: 2001 MLK Dr, Tarboro NC 27886
TELEPHONE: (252) 641-9233
VMO Hunter
COUNTY Edgecombe

Number of Primary Enclosures 10-8-2012 Animals Present: Dogs 4 Cats 5

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

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/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: 11/6/20 Time: 11:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White = Office
Canary = Inspector
Pink = Owner

PAGE 1 OF


**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

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

**BUSINESS NAME:** Town of Tabor Animal Shelter

**OWNER:**

**ADDRESS:** 2001 McCy Dr Tabor NC 28586

**TELEPHONE:** (984) 641 - 4225

---

<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>I Peformed A Random Inspection Today. The Town of Tabor-City is adding an outdoor kennel runs. Everything looks good. However need to place a barrier between the cages so there is no cross contamination. Also need to put doors, i.e., the kennel. Everything else looks good. With the exception of a dog in a kennel, the kennel had blood on the floor. I did observe a dog that had blood in its kennel, Mr. Britt advised me. He was dog on the afternoon of the 14th of Jan 2008, he advised that the dog was trying to go to the bathroom but couldn’t. I advised Mr. Britt that dog needs to be seen by a veterinarian and get an examination. The bleeding looked like it was coming from the hospital area. There wasn’t a large amount of blood. I advised Mr. Britt to talk to his supervisor and take pictures of the dog and the kennel. Mr. Britt advised I would take care of today. I advised Mr. Britt to contact me on what action was taken. On 1/15/08 Mr. Britt contacted me to advise that the vet advised the dog was in sepsis and that was causing the bleeding. According to Mr. Britt the dog will be monitored by the vet.</td>
<td></td>
</tr>
</tbody>
</table>

---

**APPROVED** ☒  **CONDITIONALLY APPROVED** ☐  **DISAPPROVED** ☐

**Date:** 1/20/08  **Time:** 8:00 AM  

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

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

---

**AW-2**  
**Rev. 1/07**

**White= Office**  
**Canary= Inspector**  
**Pink= Owner**

**PAGE 2 OF [Z]**