

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

INDOOR <input checked="" type="checkbox"/>
OUTDOOR <input type="checkbox"/>
BOTH <input type="checkbox"/>

<b>Type of Inspection</b>
New <input type="checkbox"/>
Annual <input type="checkbox"/>
Follow-Up <input type="checkbox"/>
(Prev. Inspection Date)
Complaint <input type="checkbox"/>
Courtesy <input type="checkbox"/>
Random <input checked="" type="checkbox"/>

**ENTERED**  
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**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. Government  
 ADDRESS: 2909 N Main ST Tarboro NC  
 TELEPHONE: (252) 641-7520  
 VMO: Hunter  
 COUNTY: Edgecombe

Number of Primary Enclosures 20-Dog Animals Present: Dogs 15 Cats 2  
10-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

**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**
- 24. Description of Animals
  - 25. Records/Vet Treatment
  - 26. Origin/Disposition
  - 27. Signature (boarding kennel)
  - 28. Written permission from owner for commingling (doggie daycare)

**Primary Enclosures**

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

**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: 3/5/09 Time: 11:45 am

\_\_\_\_\_  
 Inspector's Signature

\_\_\_\_\_  
 Owner/Authorized Agent's Signature

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