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° 47' 27"  W: 77° 60' 78"

LICENSE #: 40
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Greene County Animal Shelter
OWNER: Greene County Government
ADDRESS: 1985 Hwy 903 N. Snow Hill NC 28580
TELEPHONE: (252) 747-8183
VMO: Blank
COUNTY: Greene

Number of Primary Enclosures: 26
Animals Present: Dogs 21  Cats 32

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

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

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

☒ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☐ APPROVED ☒ DISAPPROVED Date: 9/4/07 Time: 10:45

Inspector’s Signature

Owner/Authorized Agent’s Signature

AWD Rev. 1/07
White= Office  Canary= Inspector  Pink= Owner

PAGE 1 OF 5
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 40**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BOARDING KENNEL**  
**PET SHOP**  
**PUBLIC AUCTION**

**BUSINESS NAME:** Greene Co. Animal Shelter

**OWNER:** Greene Co. Government

**ADDRESS:** 1985 Hwy 407 N, S workload, NC 28580

**TELEPHONE:** Q52 374-9123

**Item Number** | **Explanation of Inadequacy (circled items above) And Recommendation For Compliance** | **Date Corrections Must Be Completed**
---|---|---
I performed an annual inspection today.  
I observed an odor as I departed my vehicle. I conferred with the employees but the odor was coming from the septic tank. The septic tank needs to be re-piped.
Excess cleaning water is gathering outside of the shelter. This needs to be corrected. This is an health hazard for the employees and public.
The structure has developed cracks in the walls. These need to be repaired.
The ventilation and temp needs to be regulated. The facility is used by a couple of industrial fans purchased that would regulate ventilation and temp.  
The water drainage needs to be fixed. However, the kennel area needs to be cleaned with hand soap, or Clorox but the kennels have to be sanitized.
The primary enclosures (Kennel) needs to have the cracks filled. (This can be accomplished by purchasing cement from Lego's, Home Depot, or any hardware store. I can feel the rent from the cages need to have a barrier placed in between the cages to eliminate contamination.
Sanitation  
The waste disposal needs to be corrected (see #1). The odor is terrible. I observed numerous rodent droppings and flies. This needs to be corrected. Overall sanitation poor.
Husbandry  
Everything looked ok with the exception of a dog in a run with a mass of intestinal. According to the county employees the animal has been examined and the recommendation was for the dog to either be treated or euthanized. The dog is still swollen and the dog looks (appearance) very sad.

**RESULTS**  
The description of animals is good.

☐ **APPROVED**  
☒ **DISAPPROVED**  

Date: 9/4/07  
Time: 10:45 AM

**Inspector’s Signature**  
**Owner/Authorized Agent’s Signature**

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

PAGE 2 OF 3
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 40**

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

**BUSINESS NAME:** Green Co. Animal Shelter

**OWNER:** Green Co. Government

**ADDRESS:** 1985 Hwy 903 Snow Hill NC 28580

**TELEPHONE:** 919-747-8187

<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>
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<tbody>
<tr>
<td></td>
<td><strong>Cadit:</strong></td>
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<tr>
<td></td>
<td><strong>Transportation:</strong> No issues to address.</td>
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<td></td>
<td><strong>Veterinary Care:</strong></td>
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<td></td>
<td>See Husbandry.</td>
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<td></td>
<td>However, there is a mother dog with 3 puppies in pen #17. There needs to be a</td>
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<tr>
<td></td>
<td>habit or something that dog and puppies can lay on.</td>
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<td>I am disapproving this facility today. I need a time line on when these issues</td>
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<td>can be addressed. I will return with in 30 days to assess the situation and</td>
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<td></td>
<td>look for any improvement.</td>
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</tbody>
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☐ APPROVED  ☑ DISAPPROVED  Date: 9/4/07  Time: 10:46 A.M.

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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

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