**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N: 35.47222 W: 77.601789

**LICENSE #:** 40

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

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

**OWNER:** Greene County Government

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

**TELEPHONE:** (252) 747-8183

**VMO**

**COUNTY** Greene

Number of Primary Enclosures: 21 - Dogs 25 - Cats 1

Animals Present: Dogs 39 Cats 11

**Inspector:** Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

**STRUCTURE**

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>Sanitation</th>
<th>Special Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 5. Storage</td>
<td>☑ 15. Equipment &amp; Supplies</td>
<td>☑ 26. Signature (boarding kennel)</td>
</tr>
<tr>
<td>☑ 6. Water Drainage</td>
<td>☑ 16. Washrooms, Sinks, Basins</td>
<td>☑ 27. Written permission from owner for commingling</td>
</tr>
<tr>
<td></td>
<td>☑ 17. Insect/Vermin Control</td>
<td>owner for doggie daycare</td>
</tr>
<tr>
<td></td>
<td>☑ 18. Building &amp; Grounds</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Enclosures**

| ☑ 7. Structure & Repair                    | ☑ 19. Adequate Feed/Water                       | ☑ Transportation                                   |
| ☑ 10. Adequate Shelter                     | ☑ 22. Ratio of 1:10 personnel to animals if > in primary enclosure or common area | ☑ 29. No Signs of Illness/Treated                  |
|                                            | ☑ 23. Animals’ Appearance                       |                                                   |

**HUSBANDRY**

**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)

**TRANSPORTATION**

- ☑ 28. Care in Transit Discussed

**VETERINARY CARE**

- ☑ 29. No Signs of Illness/Treated

□ APPROVED  X DISAPPROVED

Date: 11/27/07 Time: 10:00 AM

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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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: 1215 Hwy 903 N Snow Hill NC
TELEPHONE: (252) 747-8888

<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>The shelter still has inadequate as regulating the ambient temp. There is no air unit in the Kennel Area. This issue needs to be addressed ASAP.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>There are numerous dirty towels and blankets that need cleaning. The shelter does have a washer and dryer that should be utilized to clean this material. These were flies all over the dirty laundry.</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>The cat cages utilized for isolation need a barrier between the cages. The isolated cats have nose to nose contact. This needs to be corrected ASAP.</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>There are two issues that have been addressed. One issue according to the shelter's staff is the drainage issue. The Septic Tank is being worked on at this time. The other issue is the cracks in the walls have been sealed. A volunteer purchased the material and filled the cracks.</td>
<td></td>
</tr>
</tbody>
</table>

This will be the 3rd disapproval on this facility. The county needs to forward a timeline to our department. When the above issues will be addressed.

This inspection report along with the other disapproved inspection reports are being forwarded to the State Attorney assigned to the Animal Welfare Program. The Attorney and the Animal Welfare Program director will evaluate these reports and render a decision as to what will bring the shelter into compliance and what the county needs to do.

□ APPROVED □ DISAPPROVED Date: 11/27/07 Time: 10:00am

Inspector's Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

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