ANIMAL WELFARE INSPECTION

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°47'22" W: 77°60'49"

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 903 Snow Hill NC
TELEPHONE: (919) 744-7818
VMO Hunter
COUNTY Greene

Number of Primary Enclosures 21 Animals Present: Dogs 16 Cats 18

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

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 ☐ DISAPPROVED Date: 8/16/10 Time: 5:40p

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2 Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
LICENSE #: 40
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Green Co Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: (_____) - ______

<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 performed a follow-up inspection today, on 7/8/10 I performed an inspection which was given a disapproval. I observed some inadequacies that needed addressing. The inadequacies are either corrected or in the process of being completed.</td>
<td></td>
</tr>
</tbody>
</table>

X The entry doors between the kennels still need plexiglass installed. The County has purchased the material and the shelter employees will be installing this weekend.

☐ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 8/14/10 Time: 2:00p
Inspector's Signature

Owner/Authorized Agent's Signature

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