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° 45' 55" W: 77° 16' 26"

LICENSE #: 118
TYPE FACILITY: Animal Shelter (Private/Public) ☐  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Town of Snow Hill Holding Facility
OWNER: Town of Snow Hill
ADDRESS: 201 N. Greene St. Snow Hill, NC 28580
TELEPHONE: (919) 745-3414

Number of Primary Enclosures: 8  Animals Present: Dogs 10  Cats 8

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 ☐

Inspector’s Signature

Date: 3/6/07  Time: 9:30 A.M.

Owner/Authorized Agent’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town of Snow Hill Holding Facility
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>#2 #9 Need to regulate the temperature within the shelter. I would suggest installing ceiling-mounted heaters. The current heating system is overloaded by the circuit causing the portable heaters to have to be unplugged. The current circuit cannot accommodate the number of heaters being utilized. The Town Manager advised the Town is in the process of installing heaters. The money has been approved to install the heaters.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: __________ Time: ______

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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