DA&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: 36°35'54.7" W: 77°6'27.01"

LICENSE #: 25
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Halifax Co. Animal Shelter
OWNER: Halifax Co. Government
ADDRESS: 568 Dog Pound Rd, Halifax, NC 27849
TELEPHONE: (252) 583-0100
VMO Halifax
COUNTY Halifax

Number of Primary Enclosures 31 Dogs 26 Cats
Animals Present: Dogs 40 Cats 7

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: 1/5/10 Time: 9:45mor

Inspector’s Signature

Robert Richardson
Owner/Authorized Agent’s Signature

White= Office Canary= Inspector
Pink= Owner

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 25
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Halifax 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>#7</td>
<td>One of the inadequacies was the resting surfaces needed repairing. The county maintenance staff repaired 4 of the resting surfaces. The county maintenance staff has not repaired the remaining resting surfaces.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>The drain covers have still not been installed in the kennel area. There is a concern that an employee could be injured if the drain is not covered.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>I also addressed the cracks in the kennel pen floors. The maintenance staff has recoated 4 of the floors back in November of 2019.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>I also addressed the chaulk on the kennels needing repair. This has not been addressed. I have concern about dogs being injured from the chaulk.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The inadequacies I have addressed need to be completed as soon as possible.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am disapproving this inspection today.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Before leaving the shelter Mr. Larry Langley Supervisors of maintenance for Halifax Co stopped by my office and I discussed the inadequacies and Mr. Langley advised he would complete the repairs soon.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☒ DISAPPROVED  Date: 11/11  Time: 10:45 AM

Inspector’s Signature

Robert Richardson
Owner/Authorized Agent’s Signature

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

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