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: 36°35'54" W: 77°62'70"

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 27839
TELEPHONE: (252) 583-1050
VMO
COUNTY

Number of Primary Enclosures: 36
Animals Present: Dogs 25 Cats 20

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 referring commingling (doggie daycare)

Transportation
☐ 29. Care in Transit Discussed

Veterinary Care
☐ 30. Isolation Facility
☐ 31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 10/1/07 Time: 7:15am

Inspector’s Signature

Owner/Authorized Agent’s Signature

PAGE 1 OF 1
LICENSE #: 25
TYPE FACILITY: Animal Shelter (Private) X 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>In the process of replacing resting pens in dog kennels</td>
<td></td>
</tr>
<tr>
<td>#12</td>
<td>Need to install screen door covers in the dog kennel area</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 10/1/07 Time: __________

Inspector’s Signature: ____________________________

Owner/Authorized Agent’s Signature: ____________________________

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

PAGE 2 OF 2