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°35'45" W: 78°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
TELEPHONE: (919) 581-1837
VMO: Halifax
COUNTY: Halifax

Number of Primary Enclosures: 36-Dogs 26-Cats
Animals Present: Dogs 31, Cats 2

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

24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. Written permission from owner for commingling (doggie daycare)

29. Care in Transit Discussed

TRANSPORTATION

VETERINARY CARE

30. Isolation Facility
31. No Signs of Illness/Treated

DISAPPROVED

Owner/Authorized Agent’s Signature

Date: 5/1/00 Time: 9:50

Inspector’s Signature

Appoved

Conditionally Approved

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

PAGE 1 OF
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 25
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Holy Family 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 euthanasia inspection on 10/12/09. On that</td>
<td></td>
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<tr>
<td></td>
<td>inspected I observed (NAME OF STAFF MEMBERS) perform</td>
<td></td>
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<tr>
<td></td>
<td>Euthanasia and the protocol performed was acceptable.</td>
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<tr>
<td></td>
<td>On today's visit I also observed employees who were recently certified. I observed</td>
<td></td>
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<tr>
<td></td>
<td>a euthanasia is it was acceptable by the employees.</td>
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<tr>
<td></td>
<td>The manual is complete with the exception of the HSHs and ADA manual. The staff</td>
<td></td>
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<tr>
<td></td>
<td>also needs to add the MD contact information. This was addressed on the 10/12/09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>inspection. I also performed a random inspection. I observed the following</td>
<td></td>
</tr>
<tr>
<td></td>
<td>inadequacies that need to be corrected within 60 days.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>Need to replace the torn festing surfaces the plastic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>covering is coming off exposing the metal.</td>
<td></td>
</tr>
<tr>
<td>#11</td>
<td>Need to install drain covers in the kennel.</td>
<td></td>
</tr>
<tr>
<td>#9</td>
<td>Need to replace air filters within the shelter.</td>
<td></td>
</tr>
<tr>
<td>#12</td>
<td>Did detect some odor within the shelter.</td>
<td></td>
</tr>
<tr>
<td>#17</td>
<td>Need to have a pest control company spray for insects. I observed numerous bugs and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>spiders.</td>
<td></td>
</tr>
</tbody>
</table>

□ APPROVED  □ CONDITIONALLY APPROVED  ☑ DISAPPROVED  Date: 10/12/09  Time: 9:15am

 inspectors Signature

Owner/Authorized Agent’s Signature

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