ANIMAL WELFARE INSPECTION

GPS Coordinates - N: __________ W: __________
QBSP Number - __________

BUSINESS NAME: Harrett County Animal Shelter
LICENSE #: __________
OWNER: Harrett County
ADDRESS: 1004 McKee Pl, Lillington, NC 27546
TELEPHONE: (910) 819-2957
COUNTY Harrett
TYPE FACILITY: Animal Shelter
Number of Primary Enclosures: 59
Animals Present: Dogs 25, Cats 31

Inspector: Mark “X” in box, if adequate. Circle 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. Animals’ Appearance

SPECIAL ITEMS
Records
× 23. Description of Animals
× 24. Records/Vet Treatment
× 25. Origin/Disposition
× 26. Signature (boarding kennel)
Transportation
☐ 27. Care in Transit Discussed
Veterinary Care
× 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

Item Number Explanation of Inadequacy (circled items above) And Recommendation For Compliance Date Corrections Must Be Completed

#3 Needs More Lighting in Kennel Area

#2, #9 Need to Provide Adequate Health and Comfort of Animals at all Times. The Facility Shall Provide Fresh Air by Means of Windows, Doors or Air Conditioning Need in New Kennel Areas.

#7 Need To Seal Cracks in Concrete.

Need Hot Water For Kennel Areas.

☐ APPROVED ☐ DISAPPROVED Date: 6/1/06 Time: 4:00 PM
Veterinarian: Dr. Janet Baker Telephone: (910) 819-2081
Inspection’s Signature

Owner/Authorized Agent’s Signature

Rev. 2/2005 White= Office, Canary= Inspector, Pink= Owner