

Type of Inspection

- New
- Annual
- Follow-Up
- (Prev. Inspection Date)
- Complaint
- Courtesy
- Random

NCDA&CS, VETERINARY DIVISION
 ANIMAL WELFARE SECTION
 1030 MAIL SERVICE CENTER,
 RALEIGH, NC 27699-1030
 PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR
 OUTDOOR
 BOTH

ENTERED
 1-17-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.39428 W: 78.79900

LICENSE #: 44
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Harnett Co. An. Shelter
 OWNER: Harnett Co. Gov.
 ADDRESS: 1100 McKay Place Lillington, NC 27546
 TELEPHONE: (910) 814-2952
 VMO Shaker
 COUNTY Harnett

Number of Primary Enclosures 59 Animals Present: Dogs 59 Cats 24

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
- 9. Ventilation & Temp.
- 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

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

Transportation

- 28. Care in Transit Discussed

Veterinary Care

- 28. Isolation Facility
- 29. No Signs of Illness/Treated

APPROVED DISAPPROVED

Date: 1-15-08 Time: 1:30 pm

Pat M. Shala

Steve Babe

Inspector's Signature

Owner/Authorized Agent's Signature

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

ENTERED
 1-17-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 44
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Hornett Co. An. Shelter
 OWNER: _____
 ADDRESS: _____ *Cont.*
 TELEPHONE: () - -

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1)	Door between old Kennel room & Cat room - water damage	-needs attention. 2-15-08
9)	There are no thermometers in either K-9 room or the cat room - must have thermometers available to monitor ambient temperature - 50°-85°.	1-22-08
11)	Cat cages - There must be 1 litter pan per 3 cats per enclosure.	1-22-08
24)	Vet. medical treatment records are being kept but need to be more specific on logging name of medication.	1-22-08
11)	Old Kennel room (K-9). Regulations require there be cross contamination barriers between each run to prevent waste water from flowing from run to run.	4-15-08
Re-Inspect on 1-22-08, 2-15-08, 4-15-08		

APPROVED DISAPPROVED Date: 1-15-08 Time: 1:30 pm
Palm Shela Inspector's Signature Steve Behe Owner/Authorized Agent's Signature