ANIMAL WELFARE INSPECTION

GPS Coordinates - N: B5.36.425 W: 78.79.90

LICENSE #: 44
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Harnett Co. Am. Shelter
OWNER: Harnett Co. Gov.
ADDRESS: 100 Meckinoke Rd. Lillington, NC 27546
TELEPHONE: (910) 814-2953
VMO: Shoker
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
☒ 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)

HUSBANDRY

Transportation
☒ 28. Care in Transit Discussed
☐ 29. Isolation Facility
☐ 29. No Signs of Illness/Treated

Veterinary Care

☑ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☑ APPROVED ☒ DISAPPROVED

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

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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### ANIMAL WELFARE INSPECTION CONTINUATION PAGE

**LICENSE #:** 44  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Hamlett Co. An. 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>1)</td>
<td>Door between old kennel room &amp; cat room - Water damage - Needs attention</td>
<td>2-15-08</td>
</tr>
<tr>
<td>9)</td>
<td>There are no thermometers in either K9 room or the cat room - Must have Thermometers available to monitor ambient temperature - 50°-85°</td>
<td>1-22-08</td>
</tr>
<tr>
<td>11)</td>
<td>Cat cages - There must be 1 litter pan per 3 cats per enclosure</td>
<td>1-22-08</td>
</tr>
<tr>
<td>24)</td>
<td>Viet, medical treatment records are being kept but need to be more specific on logging name of medication.</td>
<td>1-22-08</td>
</tr>
<tr>
<td>11)</td>
<td>Old kennel room(K9). Regulations require there to be cross contamination barriers between each run to prevent waste water from flowing from run to run.</td>
<td>4-15-08</td>
</tr>
</tbody>
</table>

Re-Inspected on 1-22-08, 2-15-08, 4-15-08

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**APPROVED**  
**DISAPPROVED**  
**Date:** 1-15-08  
**Time:** 1:30 PM  
**Inspector's Signature:** 

**Owner/Authorized Agent’s Signature:** 

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AW-2  
Rev. 1/07  
White= Office  
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