

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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

LICENSE #: 96

TYPE FACILITY: Animal Shelter (Private Public Boarding Kennel Pet Shop Public Auction

BUSINESS NAME: CITY OF DAWN ANIMAL CONTROL

OWNER: CITY OF DAWN

ADDRESS: P.O. Box 1065 J.W. Edwards Dawn NC 28924

TELEPHONE: (910) 892-3777

VMO Hector

COUNTY HARNETT

Number of Primary Enclosures 40 Animals Present: Dogs 9 Cats 12

Inspector: Mark "X" in each box, if adequate.
 Circle each item number, if inadequate.
 Use NA if not applicable

STRUCTURE

SANITATION

SPECIAL ITEMS

Housing Facilities

- 1. Structure & Repair
- 2. Ventilation & Temp.
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

- 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

Records

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

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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

Transportation

- 29. Care in Transit Discussed

Veterinary Care

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

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date: 1/18/09 Time: 10:30

J. E. Blain
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature

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