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: 35° 39' 42.8" W: 78° 79' 00"

LICENSE #: Y4
TYPE FACILITY: Animal Shelter (Private/Public) [□] Boarding Kennel [□] Pet Shop [□] Public Auction [□]
BUSINESS NAME: County of Harnett Animal Shelter
OWNER: Harnett Co. Gov
ADDRESS: 1100 McKay Pkwy, Lillington, NC 27546
TELEPHONE: (910) 814-2950
VMO [□] Shelter [□] Non-Profit [□] County [□] Municipal [□] Rural [□] Private [□]
COUNTY: Harnett

Number of Primary Enclosures 59 Animals Present: Dogs 43 Cats 41

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 [□]

SPECIAL ITEMS

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) [□]

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: 5-18 Time: 2:30 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:** County of Barnet 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>Follow-up from 7-7-08</td>
<td>Adopting building A-Building has been completely remodeled. There are 5 feet high black walls with sheet metal doors in the sides. Floors, walls and ceiling have been sealed and painted. Cables for sheet metal doors need to be anchored so they do not swivel. Temperature was 80° at 1:45 pm. All the new work meets all of the AW requirements.</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Some cats and kittens were showing upper respiratory problems - nasal discharge and running eyes. Discussed shelter policy on sick animals. Recommended setting aside an area for isolating cats. An area is being considered for housing just feral cats - would be approved if resolved to do so.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shelter is clean and odor free, no signs of illness noted in dogs today.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shelter has met all the requested requirements for the adoption building.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**  

**Date:** 8-18-08  
**Time:** 2:30 PM  

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

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

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